

| (R€ | equestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Ad | ldress) | | | | | |
| (Ad | ddress) | | | | | |
| (Cit | ty/State/Zip/Phone | · #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | isiness Entity Nam | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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By Changes

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Savorelli Enterprises LLC 13770 SW County Road 227 Starke, FL 32091 T: (321) 615-1085 marciasavorelli@vahoo.com

October 8, 2019

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

Please find attached Check #2224 in the amount of \$25.00 and the cover letter updating the <u>"corrected"</u> NEW Registered Office Address and Title Mgr Address.

The NEW address for **BOTH** the Registered Office Address and Title Mgr Address is as follows:

13770 SW County Road 227 Starke, FL 32091

If you have any questions or concerns, feel free to reach out to me.

Thanks.

Marcia Savorelli, President Savorelli Enterprises, LLC

T: (321) 615-1085

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Division of Corporations | | | | | |
|--|---|--|--|--|--|
| Savorelli Enterprises LLC SUBJECT: | | | | | |
| Nan | Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning th | is matter to the following: | | | | |
| Marcia Savorelli | | | | | |
| Name of Person | | | | | |
| Savorelli Enterprises LLC | | | | | |
| Firm/Company | | | | | |
| 13770 SW County Road 227 | | | | | |
| Address | | | | | |
| Starke, FL 32091 | | | | | |
| City/State and Zip Code | ······································ | | | | |
| marciasavorelli@yahoo.com | | | | | |
| E-mail address: (to be used for future ann | nual report notification) | | | | |
| For further information concerning this matter, | please call: | | | | |
| Marcia Savorelli | 321 615-1085 | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Enclosed is a check for the following | amount: | | | | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| l. Na | me of the limited liability company: | Savorelli Enterp | prises | LLC | | | |
|-----------------------------------|---|---|--|--|--|--------------------------------------|--|
| | Savorelli Enterprises LLC | | (b) | Savorelli Enterprises Ll | LC | | |
| . (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 13770 SW County Road 227 | | _ (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 13770 SW County Road 227 | | | |
| | Starke, FL 32091 | | • | Starke, FL 32091 | | | |
| | February 7, 2018 | | l | L18000035254 | | | |
| 3. 5. (a) | Date of filing/registration in Marcia Savorelli | Florida | 4. | Document numbe | r | | |
|). (a) | Registered Agent and Registered Office show | on on the records of the | : Florida l | Dept. of State: | | | |
| | Registered Office Address 19770 SW County Road 227 | LORIDA STREET AD | | ounfish Lane | | | |
| | Starke- Vulge | | 2097 | Jan 1 Carlo | | | |
| (b) | Marcia Savorelli Enter name of NEW Registered Agent and/o | or NEW Registered O | ffice udd | <u>resv</u> : | 7 | 1967 of 1 | |
| | Marcia Savorelli | | | | <u>-</u> | | |
| | NEW Registered Office Address: 13770 SW County Road 227 | | | | : -15 | , 91,4,16 31,4,16 | |
| | Starke | . FL | 2091 | | | ਲੋ | |
| he cha gent w vas/we | mited liability company is not organizing or changes are made, the Florida will be identical. Organ the case of a Fire authorized by an affirmative vote coles of organization or the operating a drug will will be in the content of the operation | street address of the lorida limited liab of the members of t | ic regist ility cor the limi mited li | tered office and the business of mpany, it is hereby confirmed ted liability company or as of ability company. cia Savorelli | office of the reg I that the chang therwise provid | gistere ge(s) | |
| <u> </u> | ure of a member or authorized representative of | | | Printed or typed name | | | |
| provision he obli notifical | by accept the appointment as registered ons of all statutes relative to the property of the registered of the registered of the property of this change! | ed agent and agree er and complete pe ggent as provided f office address, I he | to act i erforma for in Ci reby coi | in this capacity. I further agr nce of my duties, and I am fa hapter 605, F.S. Or, if this d nfirm that the limited liability | ree to comply w miliar with and ocument is bein y company has | vith th I acce ng file been | |
| (I) | if reflect a change in the registered is the writing of this change! | ypte dddress, rher | icoy coi | пунт тапте итпе и навину | r company na. |) | |

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