118000045328

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COVER LETTER

Division of Corporations				
STUDIO ROMAN LLC SUBJECT:				
	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
Andrea Roman				
Name of Person				
Firm/Company				
1500 NE Miami PL. apt 704				
Address				
Miami, F1, 33132				
City/State and Zip Code				
asdecointerior@gmail.com				
E-mail address: (to be used for future annual	Treport notification)			
For further information concerning this matter, ple	ease call:			
Andrea Roman	786 205-7390 at ()			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following an	nount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			



2022 00 TO PH 12: 1

SEET

October 8, 2022

ANDREA ROMAN 1500 NE MIAMI PL APT 704 MIAMI, FL 33132

SUBJECT: STUDIO ROMAN LLC Ref. Number: L18000045328

We have received your document for STUDIO ROMAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00022509

Claretha Golden Regulatory Specialist II

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

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

1. Na	ame of the limited liability company: STUDIO ROMAN	LLC					
2. (a)	1500 NE Miami PL, apt 704, Miami, FL 33132	(b) 1500	NE Miami Pl	diami Pl. apt 704, Miami, FL 33132		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(_		I liability company: TOFFICE BOX)	
2	02-20-2018	_ -		0045328			
3.	Date of filing/registration in Florida Andrea Roman	4.		Docum	ent number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 7745 Tatum Waterway Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Apt 3			f State:	2972 C		
	Miami Beach F1	33141				∵် ယ	
(b)	Andrea Roman Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered of 1500 NE Miami Pl</u> <u>NEW Registered Office Address:</u>	Office a	ldress:			F**!2: 03	
	Apt 704						
	Miami FL_	33132					
change agent was/w the art	limited liability company is not organized under the law c or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility co f the lin imited	ed offic ompany nited lia liability	e and the bu , it is hereby bility compa , company,	siness office confirmed the any or as other	of the registered nat the change(s) erwise provided in	
122	Un drea Romain ture of a plember or authorized representative of a member		A_{r}	ndrea	Romar or typed name o)	
I here provisi the obj to mer notifie	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.				<i>c</i>		