L18000056096

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT ☐ MAIL					
(Business Entity Name)						
(Document Number)						
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22 NOV 14 PM 3: 40

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: LAW OFFICE OF ROSEMARIE GUI of Corporation	ERINI, PLLC
DOCI	JMENT NUMBER: L18000056096	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Rosem	arie Guerini	
Name	of Contact Person	
LAW	OFFICE OF ROSEMARIE GUERINI, PLLC	22 NOV 14 PH 3: 40
Firm/C	Company	
4440 P	GA Boulevard, Suite 204	<u> </u>
Addre	SS	t_
Palm B	Beach Gardens, FL 33410	70
City/S	tate and Zip Code	 ယ
	rosemarieguerini@hotmail.co	om
E-mai	l address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter,	please call:
Rosem	arie Guerini	,561 371-9887
_	Name of Contact Person	at (561)371-9887 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2022

ROSEMARIE GUERINI 4440 PGA BOULEVARD SUITE 204 PALM BEACH GARDENS, FL 33410

SUBJECT: LAW OFFICE OF ROSEMARIE GUERINI, PLLC

Ref. Number: L18000056096

We have received your document for LAW OFFICE OF ROSEMARIE GUERINI, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

Michael A Hall OPS Clerk

Letter Number: 722A00023355

22 NOV 14 PH 3: 40

022 NOV 14 PH 1: 1

COVER LETTER

TO: Registration Section Division of Corporations	
Law Office of Rosemarie Guerini, PLLC SUBJECT:	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Rosemarie Guerini	
Name of Person	
Law Office of Rosemarie Guerini, PLLC	22 NOV 14 PH 3: 40
Firm/Company	—— 0V 1
4440 PGA Boulevard, Suite 204	
Address	 ::
Palm Beach Gardens, FL 33410	•
City/State and Zip Code	
rosemarieguerini@hotmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
Rosemarie Guerini 561	612-7929
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 amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	Fame of the limited liability company: Law Office of Ro	semarie Gue	erini, PLLC		
2. (a)					
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 4440 PGA Boulevard, Suite 204 Palm Beach Gardens, FL 33410		
	4440 PGA Boulevard, Suite 204	2			
	Palm Beach Gardens, FL 33410	F			
	03/01/2018	Li	8000056096		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)				
•	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:		
	Rosemaric Guerini	4 D D D 115 D		.	
	Registered Office Address (MUST BE FLORIDA STREET) 11380 Prosperity Farms Road, Suite 240		22 NOV 1		
	Palm Beach Gardens	33410		IL AON JO NORS	
	, FL	- 		€	
(b)				P Met	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	i Office addr	ess:	3: 40	
	Rosemarie Guerini			0 %	
	NEW Registered Office Address:				
	4440 PGA Boulevard, Suite 204				
	Palm Beach Gardens , FL	33410			
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- vere authorized by an affirmative vote of the members of ticks of organization or the operating agreement of the	ws of the Si e registered ability com of the limite limited lial	office and the business pany, it is hereby confied liability company or oility company.	office of the registered rmed that the change(s)	
	Josephan Julus	Rosem	arie Guerini		
I her provis the ol to me	sature of a member or authorized representative of a member oby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It get in writing of this change	ree to act in performan d for in Ch hereby conj	this capacity. I furthe	I name of signee r agree to comply with the m familiar with and accept his document is being filed bility company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00