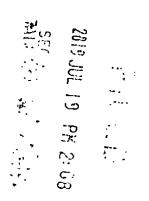
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations					
SUBJECT: Cenzo R.E. Del Name of Lim	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Elizabeth MAZZelli Name of Person	<u> </u>				
Cenzo R.E. Develorm	ents				
Firm/Company					
451 RCCKFORD St Address					
Deltana El 20775					
City/State and Zip Code	****				
E-mail address: (to be used for future annual repor	o · Com rt notification)				
For further information concerning this matter, please ca	all:				
E172ABC+L MAZZPIIA at (2) Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
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 FOLIMITED LIABILITY COMPANY

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

1. N	lame of the limited liability company:	R.	E. Develor	, mer	1751	=`
2 (2)		(b)				
2. (u)	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)			
	451 ROCKFORD ST	_				
	Deltona Er 32723	_				
	10/28/2018		L1800015	o & €	127	
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5 (a	.)					
J. (4	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:			
	OKITED STATES COPPE Registered Office Address <u>MUST BE FLORIDA STREET A</u>			+51	~C.	
	13302 winding c	o Cu K	COURT A		_	
	TCIMPA FL	_	_	型的	2015 JUL	
(b)	,			•	ر ن ن سنت	
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	3) 3)	φ -D	
	Elizabeth MAZZ	ell	<u> </u>	in it.	PH 2: U	· .:
	NEW Registered Office Address:			16 j. Tang	හි	
	451 ROCKFORD ST	~ ~				
	Deltona FL	₅)J	725			
the chagent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the l	the regis bility co f the lim imited l	tered office and the busing mpany, it is hereby confi- ited liability company or iability company.	ness office rmed that t as otherwis	of the regis he change(se provided	ste (s) d ii
<u> </u>	nature of a member or authorized representative of a member	EI	"ZADETH M Printed or typed	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TELLON nee	_
oigi	lating of a mariner of audionized representative of a memoer		Time or Gran	01 0161	=	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent