

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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01/12/22--01013--007 \*\*25.00



A. BUTLER
JAN 23 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	Change of address for Reg	istered Agent	_
		Name of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Regis	tered Office Change and	fee(s) are submitted for filing.
Please	return all correspondence conc	erning this matter to the f	Collowing:
Christo	pher Cataldi		
	Name of Pers	son	<del>_</del>
Cataldi	Concepts LLC		
	aldi Concepts LLC  Firm/Company  NE 36th Street #1701  Address  ami/FL/33137		
601 NE	NE 36th Street #1701  Address		
	Address	-	<del>_</del>
Miami/	/FL/33137		
	City/State and Zi	p Code	_
CCatal	di10@gmail.com		
E	-mail address: (to be used for f	uture annual report notifi	cation)
For fur	ther information concerning th	is matter, please call:	
Christo	pher Cataldi	305 at (	40!-0919 )
	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 f	following amount:	
	\$25 Filing Fee	<b>□</b> \$5	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. Na	ame of the limited liability company: Cataldi Concepts I	LLC			
2. (a)	601 NE 36th Street #1701		(b)	601 NE 30	6th Street #1701
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami FL		_	Miami FL	
	33137	_	-	33137	
3.	Date of filing/registration in Florida	- 4.	_		Document number
5. (a)	Corporate Creations				
٠,	Registered Agent and Registered Office shown on the records of t 801 US Highway !	- e: 			
	Registered Office Address (MUST BE FLORIDA STREET A	] _			
	North Palm Beach . FL	33408			_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	addr	<u>'ess</u> :	· · · · · · · · · · · · · · · · · · ·
	Christopher Cataldi				<b></b>
	NEW Registered Office Address: 601 NE 36th Street #1701				_
	Miami, FL	33137			_
change agent was/w the art  Signa	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member of authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ligations of accept the appointment as registered agent as provided ligations of my position as registered office address. I he	registed bility of the libility of the libilit	ered com mit d lia	office an apany, it is ed liability con	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  Stophe (ak (d)  Printed or typed name of signee  activ. I further agree to comply with the
notifie	elv reflect a change in the registered office address. I had in writing of this change	iéreby	con	firm that	the limited liability company has been