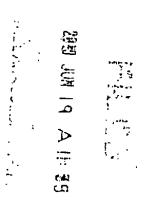
L190000 23646

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





400330898444



City of Hill

COVER LETTER

TO:	Registration Section Division of Corporations	•							
.1	·								
SUBJE	Susan Giacoletto Law, LLC SUBJECT:								
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offic	ce Change and f	ec(s) are submitted for filing.						
Please	return all correspondence concerning this	s matter to the f	ollowing:						
Susai	n Rae Giacoletto								
	Name of Person		_						
Susai	n Giacoletto Law, LLC								
	Firm/Company		_						
815 S	S. Volusia Avenue, Suite 1								
	Address		_						
Orang	ge City, FL 32763								
	City/State and Zip Code								
office	@susangiacolettolaw.com								
E-mail address: (to be used for future annual report notification)									
For fur	rther information concerning this matter,	please call:							
Susar	n Rae Giacoletto	386 at (456-0500						
	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	Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, Florida 32314						
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	☐ \$5	5 Filing Fee & Certified Copy						

INHS18 (2/14)

LIMITED LIABILITY COMPANY

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

1. Na	ame of the limited liability company: Susan Gia	coletto Lav	w, LLC			
2. (a)	815 S. Volusia Avenue, Suite 1	(b	(b) 815 S. Volusia Avenue, Suite 1 Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)			
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 `				
	Orange City, FL 32763		Orange City, FL 32763			
				-		
	01/22/2019		L1900002	3646		
3.	Date of filing/registration in Florida	4.		Document nui	mber	
5. (a)	Susan R Giacoletto					
5. (a)	Registered Agent and Registered Office shown on the record	is of the Florida	Dept. of State:	:		
	952 Vercelli St.					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2			
				•		
	Deltona	. FL_32725			2:1	
(b)	Susan Rae Giacoletto				12.00 12.00 13.00 10.00	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				1 1 1	
	815 S. Volusia Avenue, Suite 1					
	NEW Registered Office Address:			ස ර		
	Orange City	. FL_32763				
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regi ed liability co ers of the lin	stered office ompany, it is nited liability	and the busing hereby confiner company or a	less office of the regi- rmed that the change(
	SIGF rawlets	Sus	san Rae G			
_	nture of a member or authorized representative of a member			Printed or typed		
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address d'in writing of this change.	agree to ac lete perform vided for in (s, I hereby c	t in this cape ance of my c Chapter 605, onfirm that i	icity. I furthe. luties, and I a , F.S. Or, if th the limited lia	r agree to comply wil m familiar with and c iis document is being bility company has be	
Signan	ire of Registered Agent					

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