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COVER LETTER

,	gistration Section vision of Corporations			
SUBJECT	VICENZA FARM LLC			
		e of Limited Li	ability Company	
Dear Sir or	Madam:			
The enclose	ed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.	
Please retur	n all correspondence concerning the	is matter to the	following:	
VINCENZ	ZO OPPEDISANO			
	Name of Person	 		
VICENZA	A FARM LLC			
	Firm/Company		_	
14-07 11	3TH STREET			
	Address		-	
COLLEG	E POINT, NY 11356			
	City/State and Zip Code		_	
oppedi7@	@aol.com			
E-mai	l address: (to be used for future ann	ual report notif	ication)	
For further	information concerning this matter.	please call:		
VINCENZ	ZO OPPEDISANO	917 at (796 0224	
	Name of Person		Area Code & Daytime Telephone Number	
Reş Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle dahassee, Florida 32301	Re Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	
Enclosed is a check for the following amount:				
2 1 :	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	
INHS18 (2/1	(4)			

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	lame of the limited liability company: VICENZA F	ARM LL(5
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TBD W. ORANGE AVENUE		14-07 113TH STREET
	FORT PIERCE, FL 34945		COLLEGE POINT, NY 11356
	MARCH 14, 2019		L19000063752
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, VINCENZO OPPEDISANO		
J. (u	Registered Agent and Registered Office shown on the records of	of the Florida	i Dept, of State:
			701
	Registered Office Address (MUST BE FLORIDA STREET)	<u> FADDRESS</u>	7019 AUG
	1525 NORTHWEST 56TH STREET		26
	FORT LAUDERDALE	L 33309	i T
(b	· · · · · · · · · · · · · · · · · · ·		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	dress:
	NEW Registered Office Address:		,
	10901 DENOEU ROAD		
	BOYNTON BEACH . F	. _L 33472	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regis liability co of the lim he limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Stgr	lature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the ol to me notifi	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed in the proper and completed in the proper and completed in the registered agent as provided reflect a change in the registered office address, and in writing of this change.	gree to act le perform led for in C I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signa	ture of Registered Agent		