

L19000093460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

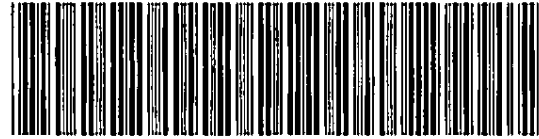
(Business Entity Name)

(Document Number)

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2021 MAY 10 AM 9:26
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monte & Monte, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giacomo Monte
Name of Person

Monte Gelato
Firm/Company

249 W. State Rd ⁴³⁶, Suite 1109
Address

Altamonte Springs, FL 32714
City/State and Zip Code

monte.monte.usa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giacomo Monte at (407) 670-5061
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

**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. Name of the limited liability company: Monte & Monte LLC
2. (a) 5300 S Atlantic Ave Bldg 12 Apt (b) _____
Principal office address of limited liability company: 12207 Mailing address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- Apt 12207
New Smyrna Beach, FL 32169
3. April 4, 2019 4. L19000093460
Date of filing/registration in Florida Document number

5. (a) International Management & Executive Services
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

500 N. Maitland
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 215
Maitland, FL 32751

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- (b) Giacomo Monte

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

249 W State Rd 436
NEW Registered Office Address:
Suite 1109
Altamonte Springs, FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Giacomo Monte
Signature of a member or authorized representative of a member

Giacomo Monte
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Giacomo Monte
Signature of Registered Agent