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COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

Campanella Capital LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following:							
Anthony Campanella								
Name of Person								
								
Firm/Company								
2110 N Sheffield Ave Apt. BSMT								
Address								
Chicago, IL 60614								
City/State and Zip Code								
anthonycampy@gmail.com								
E-mail address: (to be used for future annual repor	rt notification)							
For further information concerning this matter, please c	all:							
Anthony Campanella 56	61 703-0898)							
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.

. (a)	11837 Sandlake Drive, Boca Raton, FL 33428		(b) 11837 Sandlake Drive, Boca Raton, FL 33428					
. (5)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-,	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		_		05000				
	April 17, 2019		L190001			 -		
. (a)	Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED	4.		Documen	nt number			
. (-)	Registered Agent and Registered Office shown on the records of th	e Flor	rida Dept. of S	State:		~ 1		
	1200 SOUTH PINE ISLAND ROAD				TV SEC	2020		
	Registered Office Address (SIUST BE FLORIDA STREET A	DDRJ	ESS)		ALLAH MLLAH	2020 FEB -	120°	
	PLANTATION, FL ³	3324	1		CRETARY OF I	വ		
	Robert Campanella				III S	AH 7: 34	U	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office	nddress:		L ATE	ဍ		
					•			
	NEW Registered Office Address:		· <u>··</u> ·					
	11837 Sandlake Drive			<u></u>				
	Boca Raton, FL_3	3428	3					
	imited liability company is not organized under the laws							
hange gent v	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab	egist pility	ered office company, i	and the busin t is hereby c	ness office of th onfirmed that th	e regis ie chan	ter e d ge(s)	
	ere authorized by an affirmative vote of the members of clessof organization or, the operating agreement of the li				y or as otherwis	e provi	ided in	
.c u	Buthing Congrovelle		A	alloud	Campa	. 00		
Signa	ure of a member or authorized representative of a member	_		Printed or	typed name of sign		100	
herei rovisi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ty reflect a change in the registered office address, I he	e to a erfor for is	nct in this co mance of m n Chapter 6	apacity. I fun ny duties, and 105, F.S. Or,	rther agree to c d I am familiar if this docume	omply with an it is be.	with the id accept ing filed	