## L19000264011

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



05/28/24--01012--011 ++25.00

HE LED

## COVER LETTER

TO: **Registration Section Division of Corporations** 

SCIENTONE INVESTMENTS LLC Name of Limited Liability Company SUBJECT:

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:

ALEJANDIO MAINETTO Name of Person

SCIENT ONE INVESTMENTSLLC Firm/Company

8651 LAFESIDE BUD Address

PARKLAND, FL 33076 City/State and Zip Code

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

For further information concerning this matter, please call:

Mailing Address:

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

<u>ALEJANDRO MAINETTO</u> at (<u>917</u>) <u>860-4097</u> Name of Person Area Code & Daytime Telephone Number

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

Enclosed is a check for the following amount:



□ \$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.

Name of the limited liability company: SCIENT ONE INVESTMENTS LLC 2. (a) 8651 LAKESIDE BND-PARKYND, FL 33076 (b) 8651 LAKESIDE BND-PARKYAND, FL 33076 Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS)  $\frac{02/25/2020}{\text{Date of filing/registration in Florida}}$   $\frac{L/90002640/}{\text{Document number}}$ 3. 5. (a) **BUSINESS FIGNESS TROMONATED** Registered Agent and Registered Office shown on the records of the Florida Dept. of State: DRA JUH 28 PM 4: 3' 200 SOUTH PINE IS CAND ID ACCEPT Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PLANTATION .FL 33324 Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: (b) 8651 LAKESIDE GND NEW Registered Office Address FL 33076 PARKLAND 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. ALEJAMORO MAINE TO /SCIENTONE WROTHENT Printed or typed name of signee elaun, contember or authorized representative of a member Signature

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 Jamiliar 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.

Men sture of Registered Agent

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