## L20000219408

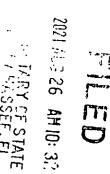
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT	Fausto E Bucheli Jr LLC				
		Name of Limited Liability Company			
Dear Sir or	Madam:				
The enclos	ed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	this matter to the f	following:		
Fausto E Bu	icheli Jr				
	Name of Person		<del></del>		
Fausto E Bu	icheli Jr LLC				
	Firm/Company		_		
173 Walker	s Point Drive				
	Address		<del></del>		
Auburndale	, F1 , 33823				
	City/State and Zip Code	,	<del></del>		
fbuchelille@	Dgmail.com				
E-ma	il address: (to be used for future a	nnual report notifi	cation)		
For further	information concerning this matte	er, please call:			
Fausto E Bu	icheli Jr	813 at (	203-4209		
	Name of Person	(	Area Code & Daytime Telephone Number		
<u>M</u> :	ailing Address:		Street Address:		
Re	gistration Section		Registration Section		
	vision of Corporations		Division of Corporations		
	O. Box 6327		The Centre of Tallahassee		
Ta	Hahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the following	ng amount:			
	\$25 Filing Fee	<b>\( \)</b> \$5	5 Filing Fee & Certified Copy		

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## 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.

FAUSTO E BUCHELI JE LLC	(b) _	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
173 WALKERS POINT DRIVE		
AUBURNDALE, FL, 33823		
07/24/2020	L20	0000219408
Date of filing/registration in Florida	4.	Document number
NORTHWEST REGISTERED AGENT LLC		
Registered Agent and Registered Office shown on the records of	of the Florida Dep	pt. of State:
NORTHWEST REGISTERED AGENT LLC		
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
7901 4TH ST N		2021
ST. PETERSBURG.	-L_33702	TAUC 2
FAUSTO E BUCHELI JR		SS of I
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	EF. S. H. O
FAUSTO E BUCHELI JR		AM 10: 3.2  GF STATE SEE, FL
NEW Registered Office Address:	•	
173 WALKERS POINT DRIVE		
AUBURNDALE	-L_33823	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  173 WALKERS POINT DRIVE  AUBURNDALE, FL., 33823  07/24/2020  Date of filing/registration in Florida  NORTHWEST REGISTERED AGENT LLC  Registered Agent and Registered Office shown on the records of NORTHWEST REGISTERED AGENT LLC  Registered Office Address  (MUST BE FLORIDA STREET)  7901 4TH ST N  ST. PETERSBURG.  FAUSTO E BUCHELI JR  Enter name of NEW Registered Agent and/or NEW Registered  FAUSTO E BUCHELI JR  NEW Registered Office Address:  173 WALKERS POINT DRIVE	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  173 WALKERS POINT DRIVE  AUBURNDALE, FL, 33823  07/24/2020  Date of filing/registration in Florida  NORTHWEST REGISTERED AGENT LLC  Registered Agent and Registered Office shown on the records of the Florida De NORTHWEST REGISTERED AGENT LLC  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  7901 4TH ST N  ST. PETERSBURG.  FAUSTO E BUCHELI JR  Enter name of NEW Registered Agent and/or NEW Registered Office address  FAUSTO E BUCHELI JR  NEW Registered Office Address:  173 WALKERS POINT DRIVE

the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of member

FAUSTO E BUCHELI JR

Printed or typed name of signee

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 chapter egistered office address. I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent