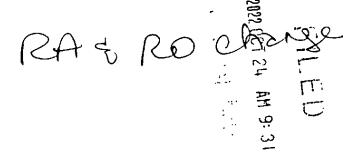
L2000392056

<u>.</u>	(Requestor's Name)
	
	(Address)
	/4>
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Dusiness Erany Harrie)
	(Document Number)
	(Document Validor)
Certified Copies	Certificates of Status
	
Special Instructions to	Filing Officer:
<u> </u>	

Office Use Only

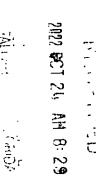


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A RAMSEY OCT 2 4 2022



COVER LETTER . .

TO:	Registration Section Division of Corporations		•			
SUBJ	DUE DELFINI, LLC dba Beletur	a				
		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	e following:			
MARC	CO DELFINO					
	Name of Person		· 			
DUE I	DELFINI, LLC					
	Firm/Company		<u> </u>			
250 N	W 23rd St Unit 410					
	Address	• • • • • • • • • • • • • • • • • • • •				
Miami	, FL 33127-4320					
	City/State and Zip Cod	e				
marco	@duedelfini.com					
F	E-mail address: (to be used for future	annual report not	ification)			
For fu	rther information concerning this mat	ter, please call:				
Marco	Delfino	206 at (999-3944)			
	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 follow	ing amount:				
	■ \$25 Filing Fee	o :	\$55 Filing Fee & Certified Copy			
INHSI	8 (2/14)					

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. Na	me of the limited liability company:DUE DELFINI, I	LC		
2. (a)	250 NW 23rd St Unit 410	-	250 NW 23rd St Unit 410 (b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, FL 33127-4320		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ami, FL 33127-4320	
3. 5. (a)	Date of filing/registration in Florida REGISTERED AGENTS INC. Registered Agent and Registered Office shown on the records of 7901 4TH ST N Registered Office Address (MUST BE FLORIDA STREET). STE 300	4. the Florida Dep		
(b)	ST. PETERSBURG , FL Enter name of NEW Registered Agent and/or NEW Registered		至 9: 31	
	Kendal Terry			
	NEW Registered Office Address: 1317 Edgewater Drive			
	Orlando , FL	32804		
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member ons of all statutes relative to the proper and complete ity accept the appointment as registered agent and agreed of the proper and complete ity reflect a change in the registered office address, I if it is writing of this change.	registered of ability compared the limited liability Marco D	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. elfino Printed or typed name of signee his canacity. I further agree to comply with the	
Signatu	re of Registered Agent			