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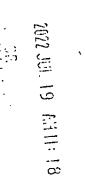
| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| Bonetto Food SUBJECT: | |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | tter to the following: |
| Raul Bonetto | |
| Name of Person | |
| Bonetto Food LLC | |
| Firm/Company | |
| 6860 Harding Ave. #12 | |
| Address | |
| Miami Beach, FL 33141 | |
| City/State and Zip Code | |
| raul2929@gmail.com | |
| E-mail address: (to be used for future annual r | eport notification) |
| For further information concerning this matter, plea | se call: |
| Raul Bonetto | 305 766-0460 |
| 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 amo | ount: |
| □ \$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.

| l. Na | me of the limited liability company: | | | |
|----------------------------------|--|--|---|---|
| 2. (a) | 6860 Flarding Ave. #12 | | (b) <u>6860 H</u> | arding Ave. #12 |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · , | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |
| | Miami Beach, FL 33141 | | Miami I | Beach, FL 33141 |
| | 02/02/2021 | | 1,2100005 | 58162 |
| i, | Date of filing/registration in Florida | 4. | | Document number |
| i. (a) | Raul Bonetto | | | |
| . () | Registered Agent and Registered Office shown on the records of | the Flori | da Dept. of S | late: |
| | Registered Office Address <u>(MUST BE FLORIDA STREET)</u> 5730 San Vicente St. | <u>ADDRE</u> | <u>SS)</u> | |
| | Coral gables | _33146 | | 200 |
| | | <u> </u> | | 2022 JUL 19 |
| (b) | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office: | <u>iddress</u> : | |
| | | | | |
| | NEW Registered Office Address: | | | |
| | 6860 Harding Ave. #12 | | | _ |
| | Miami Beach Fl | 33141 | | |
| change agent was/w che art | limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registe ability of the li limited | ered office company, i mited liabi | and the business office of the registered t is hereby confirmed that the change(s) dity company or as otherwise provided in ompany. |
| | aftire of a member or authorized representative of a member | | | Printed or typed name of signee |
| provis the ob to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change. | rec to a perfor d för ti hereby | et in this comance of not Chapter 6 confirm the | apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |
| Signati | ne of Registered Agent | | | |