h22000061073

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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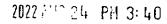
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2022 AUG 24 PM 4: 21

COVER LETTER

TO: Registration Section Division of Corporations		
Calabria #2601 LLC		
SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	e following:
Adriana Aiello Ambrugna		
Name of Person		<u> </u>
Veba Soflo LLC		
Firm/Company	· 	
170 ANSIN BLVD 470A		
Address		
IALLANDALE, FL 33009		
City/State and Zip Coo	de .	
driana@ambrugna.com		
E-mail address: (to be used for future	annual report noti	fication)
For further information concerning this mat	tter, please call:	
Adriana Aiello Ambrugna	1	786-210-2210
	at (
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:





July 21, 2022

ADRIANA AIELLO AMBRUGNA 470 ANSIN BLVD 470A HALLANDALE, FL 33009

SUBJECT: CALABRIA #2601 LLC Ref. Number: L22000061073

We have received your document for CALABRIA #2601 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 922A00016315

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.

CALABRIA #26 Name of the limited liability company:		
470 ANSIN BLVD 470A, HALLANDALE, FL 33009 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(100E. 31001 017 77 1022 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
02/04/2022	L.22	2000061073
Date of filing/registration in Florida	4.	Document number
Registered Agent and Registered Office shown on the records of AMV LEGAL GROUP P.A.	of the Florida De	pt. of State:
Registered Office Address <u>(MUST BE FLORIDA STREE</u> 2450 HOLLYWOOD BLVD SUITE 300	T ADDRESS)	2022 AUG 24 SESACIAHA TALLAHA
HOLLYWOOD, I	33020 FL	AHAN 24
\		ZL PM
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	
WEBA SOFLO LLC		··· co
NEW Registered Office Address: 470 ANSIN BLVD 470A		
HALLANDALE, I	33009 FL	
limited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ricles of organization or the operating agreement of the	he registered of liability comp s of the limite he limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
nature of a member or authorized representative of a member		Printed or typed name of signee
reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provide erely reflect a change in the registered office address, ied in writing of this change	gree to act in te performand led for in Cho I hereby conf	this capacity. I further agree to comply with the of my duties, and I am familiar with and accupter 605, F.S. Or, if this document is being fill from that the limited liability company has been
ature of Registered Agent		