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## **COVER LETTER**

Division of Corporations		
SUBJECT: OIFGO DE MASI LL Name of Limited Lia		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
Diego De Masi Name of Person	_	
Diego De Masi LLC Firm/Company	_	
85402 W State Road Address	_84	
Davie, FL 33324  City/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)	ation)	
For further information concerning this matter, please call:		
Diego De Masi at (516) Name of Person	737-5464 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:		
☐ \$25 Filing Fee ☐ \$55	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florid

1. Name of the limited liability company: DIEGO DI  2. (a) SHOD W State Read 84  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Davice, FL 33324	(b) 85402 W State Road  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Oavie, FL 33324
5. (a) Diego De Masi	4. Document number
Registered Office Address MUST BE FLORIDA STREET ADD	303 DRESS)  38824  38824  38825
85400 W State Reconstructed Office Address:  Oavic FL	<u>.084</u>
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the lim	of the State of Florida, it is hereby confirmed that after the gistered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in

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

Signature of Registered Agent