

122 000 258748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

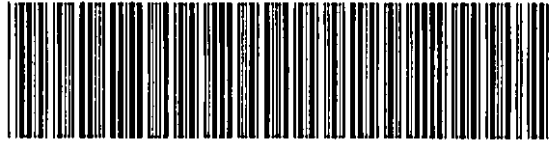
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800391359108

Corporation, Limited Liability Company, Partnership, etc.

STATE OF FLORIDA
TALLAHASSEE, FL

2022 NOV 28 AM 8:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: De Antonio Lifestyle, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashlen Canepa

Name of Person

White Summers Caffee & James LLP

Firm/Company

541 Jefferson Ave. Suite 100

Address

Redwood City, CA 94063

City/State and Zip Code

acanepa@white-summers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlen Canepa

650

298-6017

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



2022 NOV 28 PM 2:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2022

ASHLEN CANEPA
WHITE SUMMERS CAFFEE & JAMES LLP
541 JEFFERSON AVE. SUITE 100
REDWOOD CITY, CA 94063

SUBJECT: DE ANTONIO LIFESTYLE, LLC
Ref. Number: L22000258748

We have received your document for DE ANTONIO LIFESTYLE, 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):

The signatures are not legible.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 522A00024211

* please view
updated form
enclosed. + in
response to this
letter.

**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. Name of the limited liability company: De Antonio Lifestyle, LLC
2. (a) 1349 N. Biscayne Point Rd., Miami Beach, FL 33141
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 1349 N. Biscayne Point Rd., Miami Beach, FL 33141
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- June 9, 2022 L22000258748

3. Date of filing/registration in Florida 4. Document number

5. (a) Marc De Antonio Altimira
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8835 N Bayshore Dr.

Miami, FL 33138

- (b) Marc De Antonio Altimira
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1349 N. Biscayne Point Rd.

Miami Beach, FL 33141

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marc De Antonio Altimira
Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Marc De Antonio Altimira
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2022 NOV 28 AM 8:23
TALLAHASSEE, FL
STATE OF FLORIDA