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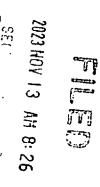
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PICK-UP WAIT MAIL							
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COVER LETTER .						
TO: Registration Section Division of Corporations						
SUBJECT: Seviroli Properties LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
John Sevicoli Name of Person						
Firm/Company						
851 NF 1st Ave Unit 3311 Address						
Miami Florida 33132 City/State and Zip Code						
John Seviroli I @ hotmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (516) 830 1649 Area Code & Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\textstyle \textstyle \texts						

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:Sev1	roli	Proper	ties,	LLC
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing as		liability company: OFFICE BOX
	851 NE Ist Ave Unit 3	<u>3</u> 11	₹ 5	NE 1st	Ave Unit 3311
	Miani FL, 33132	_	Miami	, FL,	33132
3.	5/10/2023 Date of filing/registration in Florida	 4.	L23000 a	23 1819 ent number	
5. (a) (ASTORO Registered Agent and Registered Office shown on the records of the state of t	the Florida I	Dept. of State:		
	3032 E. Commercial Blvd. Registered Office Address (MUST BE FLORIDA STREET)	,			
	23				~>
	Fort Lauderdale , FL	333	08	SEC	
(t	a John Seviroli			:	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	•	(क्राप)
	851 NF 7st Ave	 .		- (a (7) a ()
	NEW Registered Office Address:				% 5
	<u>Unit</u> 3311				
	<u>Miami</u> , FL	_33	132		
chan agen was/ the a	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members or ticles of organization or the operating agreement of the	registered bility con If the limit	l office and the bunpany, it is hereby ed liability comparbility company.	siness office of confirmed thany or as other	of the registered at the change(s) rwise provided in
I he prov the o to mo notif	nature of a member or authorized representative of a member seeby accept the appointment as registered agent and agree infons of all statutes relative to the proper and complete obligations of my position as registered agent as provided erely reflect a change in the registered office address. I have a first change.	ee to act i performai I for in Ch iereby con	n this capacity. 1	or typed name of further agree ind I am famil Dr, if this docu led liability co	to comply with the