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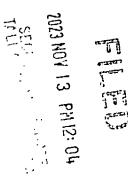
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PICK-UP WAIT MAIL
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COVER LETTER

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TO: Registration Section	• •
Division of Corporations	
r C 11 C	
Fumero Group LLC SUBJECT:	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Mary Zambrano Sanchez	
Name of Person	
P: //	
Firm/Company	
176 Ospreys Landing Apt 701	
Address	
Address	
Naples, FL 34104	
City/State and Zip Code	
,	
arturojfumerof@gmail.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
·	
Mary Zambrano Sanchez 23 at (39 306-2862
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tuliulussee, 1 E 323 C	Tallahassee, FL 32303
Enclosed is a check for the following amount	::
□ \$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.

I. Na	ame of the limited liability company: Fumero Group I	LLC	c		
2. (a)			(b)_		
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX
	176 Ospreys Landing Apt 701		i	76 Ospreys	Landing Apt 701
	Naples, FL 34104		}	Naples, FL 3-	4104
	10/01/2023		L2	3000441122	
3.	Date of filing/registration in Florida	4.	_	D	ocument number
5. (a)	Arturo J Fumero				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	rida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T .4DDRE	ESS)		
	176 Ospreys Landing Apt 701				
	Naples, I	34104 FL_	1		2023 HOV
(1.)	Mary Zambrano Sanchez				
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>ess</u> :	· ω !
					13 PH 12: 04
	NEW Registered Office Address:				4
	176 Ospreys Landing Apt 701				»,
	Naples I	FL34104	1		
change agent v was/w the art	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the authorized by the authori	he regist liability s of the l te limite	tered com limite ed lial	office and to pany, it is hold liability comparts. J Fumero	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
Signa	ture of a member of authorized representative of a member	_		P	rinted or typed name of signce
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to t te perfor ted for it I hereby	act in rman in Chi v conj	this capaci ce of my du apter 605, F irm that the	iv. I further agree to comply with the ties, and I am Jamiliar with and accept S. Or, if this document is being filed a limited liability company has been
Sizza	Jun Juntonino				
Signant	ire of Registered Agent				

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