## SOON HAIEADM RIIGINESS DEDART (HRD)

2000	ONIFORM BOS	INEOU NERO	111 10.	<i>,</i>	7			
DOCU		32			FILED			
DONNA ROSELL, LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address				00 AUG 28 AM 10: 02				
7955 Via Vecchia Naples, FL 34108		PMB 262 853 Vänderbilt Beach Road Naples, FL334108-8746		~				
2. Principal P	Place of Business Lerno	3. Mailing Address The Salerno		] 0				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT W	RITE IN THIS SPACE			
8930 Bay Colony Drive City & State		8930 Bay Colony Drive City & State		4. FEI Number		Applied For		
Naples		Naples FL	Country				Not Applicable	
Zip 34108	Country USA	Zip 34108	Country USA		5. Certificate of Status Desired	□ \$5.00 A Fee Requ		
74700	6Name and Address of Current	Registered Agent		·	7. Name and Address of New	Registered Agent		
Corporation Service Company				Name				
-	s Street		Stree	Street Address (P.O. Box Number is Not Acceptable)				
Tallanas	ssee, FL 32301-2525					,		
			City			FL Zip C	ode	
8. The above	named entity submits this statement fo	r the purpose of changing its i	registered office	e or register	ed agent, or both, in the State of	riorida.		
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent si	Ountrie rednited	when reinstating)	DATE	· ·	
		FILE NC Make Check Pay	WVIII FEEK alsie to Depi	<b>电影性 医皮肤 电影响 电影响 电影</b>	(State			
	MANAGING MEMBI	ERS/MEMBERS	<b>1</b> 10.		ADDITION	IS/CHANGES		
9.	MGRM	Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	XX Chang	e 🔲 Addition	
NAME	Rosell, Donna	<del></del>	NAME	The	Salerno			
STREET ADDRESS	PMB 262, 853 Vander	bilt Beach Road	STREET ADDRE	ss   8939	Salerno O Bay Colony Drive <u>les, FL 34108</u>	è		
CITY-ST-ZIP	Naples, FL 34108-87	46 □ Delete	TITLE	Nap.	les, FL 34100	Chang	e	
NAME	,	_ Delete	NAME				<del></del>	
STREET ADDRESS			STREET ADDRE	ss				
CITY-ST-ZIP		Поль	CITY-ST-ZIP	<u> </u>		Chanc	e Addition	
TITLE NAME	<del></del>	☐ Delete	NAME NAME	~~	-00/0 -00/0	841 <mark>24</mark> 8/0001097-	_0:	
STREET ADDRESS			_STREET ADDRE	ss .	米米米米	6/0801031- 50.00 ****	-50.00 -50.00	
TITLE	_4,	☐ Delete	TITLE	-		☐ Chang	e Addition	
NAME	<b>₩</b>		NAME					
STREET ADDRESS	3		STREET ADDRE	SS				
CITY-ST-ZIP		□ Delete	TITLE	+		☐ Chang	e Addition	
NAME		□ Delete ,	NAME			_ •		
STREET ADDRESS			STREET ADDRE	ss			1	
CITY-ST-ZIP		☐ Delete	TITLE	+-	· · · · · · · · · · · · · · · · · · ·	☐ Chang	e 🔲 Addition	
TITLE NAME		☐ Delete	NAME					
STREET ADDRESS	,		STREET ADDRE	ss				
CITY-ST-ZIP		11 86 3	CITY-ST-ZIP			n I further earlift, that th	e information	
indicated	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall baye ti	he same legai e	effect as if ri	nade under oath; that i am a mai	s. I for their centify that the naging member or mana	ager of the	
SIGNAT	URE: Dous	Rosel			aug 6 2	200 (941)40	4.1953	
	DONNAR ROSELL	TED HAME OF SIGNING MANAGING MANAGING MEMBER	IEMBER OR MANA	SER	U Date *	Daytime Phone		