

M080000001911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

M08-1911

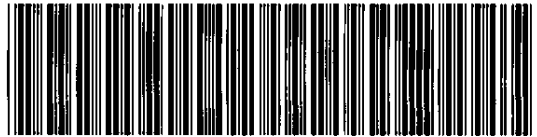
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 24 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITALIAN STUDIOS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAOLO SCHELLINO

Name of Person

Firm/Company

1100 WEST AVE, APT 1517

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

PAOLOSCHELLINO@MAC.COM

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

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

Name of Person

at (305)

448-5255

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2009

SUAREZ, CEBALLOS, ORTIZ & VEGA
354 SEVILLA AVENUE
CORAL GABLES, FL 33134

SUBJECT: ITALIAN STUDIOS, LLC
Ref. Number: M08000001911

We have received your document for ITALIAN STUDIOS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 409A00017191

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ITALIAN STUDIOS, LLC
2. (a) ☒ Principal office address of limited liability company: 124 11 STREET
MIAMI BEACH, FL 33139
(Note: **MUST BE STREET ADDRESS**)
- (b) ☒ Mailing address of limited liability company: 1100 WEST AVE, APT. 1517
MIAMI BEACH, FL 33139
(Note: **MAY BE POST OFFICE BOX**)
- 4/22/2008 3. Date of filing/registration in Florida
- 108000001911 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: CT CORPORATION SYSTEM
Registered Office Address: 1200 SOUTH FINE ISLAND ROAD
PLANTATION, FL 33324
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: PAOLO SCHELLINO
NEW Registered Office Address: 1100 WEST AVE, APT. 1517
(MUST BE FLORIDA STREET ADDRESS) MIAMI BEACH, FL 33139

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.

X Paolo Schellino
Signature of a member or authorized representative of a member

X PAOLO SCHELLINO
Printed or typed name of signee

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 608, 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.

X Paolo Schellino
Signature of Registered Agent

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

FILED
APR 23 AM 7:58
TALLAHASSEE FLORIDA
CLERK OF STATE