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	(Requestor's Name)
	(Addison)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	
	A. LUNT
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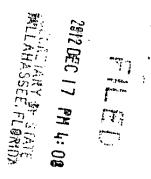
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EXAMINER



600242542986

12/17/12--01038--020 **25.00



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.

agent, or both, in the blate of I tortua.	
Name of the limited liability company:Gaetano_C	acciatore LLC
2. (a) Principal office address of limited liability company	y: 3920 Pendola Point Road
(Note: MUST BE STREET ADDRESS)	Tampa, Florida
(11111111111111111111111111111111111111	33619
(b) Mailing address of limited liability company:	P.O. Box 678
(Note: MAY BE POST OFFICE BOX)	Somerville, NJ
· · · · · · · · · · · · · · · · · · ·	08876
12/31/2008	M0900000019
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	National Corporate Research
Registered Office Address:	155 Office Plaza Drive
	Tallahassee, FL ST 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u> <u>NEW Registered Agent</u> :	W Registered Office address: Alex Narcise
NEW Registered Office Address:	C/O Gaetano Cacciatore LLC
(MUST BE FLORIDA STREET ADDRESS)	3920 Pendola Point Road Tampa ,FL 33619
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member ALEX NACCU Printed or typed name of signee	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization /.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 648 F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent