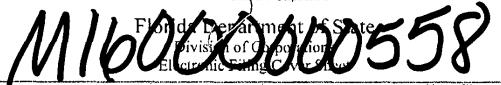
10/28/2016



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SERRA & DELVECCHIO, LLC

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COVER LETTER

_	ision of Corporations		
SUBJECT:	SERRA & DELVECCHIO, LLC		
		me of Limited Lis	bility Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.
Please return	n all correspondence concerning the	his matter to the fi	ollowing:
Daniel Yi			
	Name of Person		-
NFP Corp.			
	Firm/Company		_
340 Madison	Avenue, 20th Floor		
	Address		- '
New York, N	JY 10173		
	City/State and Zip Code		-
dhrankaj@nf			
E-mail	address: (to be used for future and	nual report notific	ation)
For further i	nformation concerning this matter	, please call:	
Daniel Yi		212 at (301-4000
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 chassee, Florida 32314
Enc	losed is a check for the following	z amount:	
, □ \$:	25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2/14	*)	,	•

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.

	386 Main St	(b	386 Ma			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ł	l liability compan F <i>OFFICE BOX</i>)	•	
	Middletown, CT 06457		Middletow	n, CT 06457		
						
	01/19/2016		M1600	0000558		
3.	Date of filing/registration in Florida	4.		Document number	<u>-</u>	
5. (a)	REGISTERED AGENT SOLUTIONS, INC.					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	X	<u> </u>	
	155 OFFICE PLAZA DR. SUITE A				16 (
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	OCT	7
					728	7
	Tallahassee	32301		•	والمسار	П
	, FI	32301				E-m-
71-5					<u> </u>	<u>_</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	resa:		35	
		<u> </u>				
	O M O - I - III O O O O O O O O O O O O O O			•		
	C T Corporation System			=		
	NEW Registered Office Address:	······································	<u> </u>			
	NEW Registered Office Address: 1200 South Pine Island Road Plantation	33324				
	NEW Registered Office Address: 1200 South Pine Island Road Plantation , FI	33324				
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he cha gent v vas/we he arti	NEW Registered Office Address: 1200 South Pine Island Road Plantation , Fluinted liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	ws of the f the regis lability cor of the limi limited li	tered office mpany, it is ted liability ability com	and the business off hereby confirmed the company or as othe pany. ice President of NFP P	Tice of the reginat the change rwise provided roperty & Casus f signee	stered (s) d in alty
he cha gent v vas/we he arti Signat I herel provisi he oblo mere	NEW Registered Office Address: 1200 South Pine Island Road Plantation , FI timited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization on the operating agreement of the ture of a member or authorized representative of a member by accept the appointment on registered agent and age ligations of my position as registered agent as provide ligations of my position as registered agent as provide ligations of my position as registered agent as provide ligations of my position as registered agent as provide ligations of my position as registered agent as provide	ws of the f the regis is billity corof the limited limited limited limited limited limited for in Corof the repty corof the re	tered office mpany, it is ted liability ability comica Moo, V in this capance of my on the properties.	and the business off hereby confirmed the company or as other pany. It is a president of NFP Printed or typed name of Service with I further agree that its Or, if this it is the limited light of the limited light of the service of	Tice of the reginat the change rwise provided roperty & Casur f signes s, Inc., as Sole h	stered (s) d in alty
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