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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

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

Email Address:_

LLC REGISTERED AGENT CHANGE LA MIA SPIAGGIA, LLC

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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.

| 1. Na | nme of the limited liability company: La Mia | Spiaggia | a, LLC | · • | |
|------------------------------|--|--|---|--|---|
| 2. (a) | 800 N ATLANTIC AVE #620 | (h) 3 | (b) 355 GREAT NORTHERN STA | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` ` - | Ma | alling address of lim | nited liability company: OST OFFICE BOX) |
| | DAYTONA BEACH, FL 32118 | <u>A</u> | PEX, N | IC 27502 | |
| | 04/21/20 | M: | 200000 | 03875 | |
| 3. | Date of filing/registration in Florida | 4, | Γ | Document number | er |
| 5. (a) | TUCCILLO, JOHN | | | | T. |
| J. (d) | Registered Agent and Registered Office shown on the record | s of the Florida De | pt. of State: | | 2020 1111 |
| | 100 MAGNOLIA ST #5107 | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRESS) | | | 5 |
| | | | | | -50 -50 |
| | JACKSONVILLE | , _{FL} 32204 | | | PH 12: |
| | | , , , , , | | | - - - - - |
| (b) | Registered Agents Inc. | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registr | ered Office addres | <u>ss</u> : | | |
| | 7901 4th St N | | | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg | . _{FL} 33702 | | | |
| the cha agent v was/wa | imited liability company is not organized under the ringe or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of | s of the register d liability comp ers of the limite | red office a pany, it is l d liability bility comp | and the business hereby confirme company or as o | s office of the registered ed that the change(s) |
| Signa | nture of a member or authorized representative of a member | | | Printed or typed nar | me of signee |
| provisi the obl to mer | by accept the appointment as registered agent and ions of all statutes relative to the proper and compilications of my position as registered agent as proved verlect a change in the registered office address dim writing of this change. Bill Havre - Assis | loto nortorman | ce of my di upter 605, irm that th | anes and Lam L | атнаг wun ana ассет |
| Signatu | are of Registered Agent | | | | |