

PD1000041531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

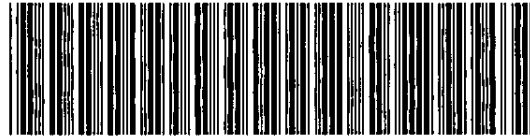
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JAN 11 PM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2016

C. CARROTHERS

WALTER F. HINZ
CERTIFIED PUBLIC ACCOUNTANT
1200 NORTHWEST 17th AVENUE, SUITE 22
DELRAY BEACH, FL 33445

561-276-1450
FAX 561-276-5750

WALTER F. HINZ, C.P.A.

MEMBER
AMERICAN INSTITUTE OF C.P.A.'s
FLORIDA INSTITUTE OF C.P.A.'s

December 18, 2015

Department of State
Amendment Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Change of Registered Office/Agent (9)

Gentlemen/Ladies:

Enclosed please find the following forms Cover Letters and Statements of Change of Registered Office or Registered Agent For Corporations and one (1) check in the amount of three hundred fifteen dollars (\$315.00) for the following nine (9) Florida corporations:

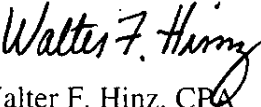
Cello, Inc.
Mandolin USA, Inc.
Nini USA, Inc.
Piano Investments Corp.

Piccolo USA, Inc.
Piccolo 2 USA, Inc.
526 North Lakeside Inc.
924 Northeast 9th Investment Corp.
Valang, Inc.

Please accept this check as payment of \$35.00 fee for each of the above mentioned Florida corporation's change of registered agent and address.

Thank you for your attention to this matter.

Yours truly,


Walter F. Hinz, CPA

WFH: lh

Enclosures: Cover letters & Statements of Change of Registered Office/Agents & Check #3284
CC: Fiorenzo Angehrn, Valente Angehrn and Damiano Angehrn

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CELLO, INC.
Name of Corporation

DOCUMENT NUMBER: P01000041531

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter F. Hinz
Name of Contact Person
Walter F. Hinz, CPA
Firm/Company
1200 NW 17th Avenue, Suite 22
Address
Delray Beach, FL 33445-2513
City/State and Zip Code
walt@whinzcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter F. Hinz at (561) 276-1450
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CELLO, INC.
2. The principal office address: 1200 NW 17th Avenue, Suite 22
Delray Beach, FL 33445-2513
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/25/2001 Document number: P01000041531

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brunton Registered Agents

4710 NW 2nd Avenue, Suite 101

Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Walter F. Hinz, CPA

1200 NW 17th Avenue, Suite 22


P.O. Box NOT acceptable

Delray Beach, FL 33445-2513

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Fiorenzo Angehrn

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

12-18-15
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *