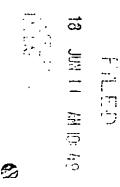


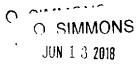
(F	Requestor's Name)	
	Address)	
	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(8	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





06/11/18--01013--012 **25.00





COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
2 - A		
SUBJECT: LATORO LLC		
Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
A (1)		
ANTONINO PELLI CC.	16TT1	
Name of Person		
LATORO LLC		
Firm/Company		
7465 SW 127th; 5	STREET	
Address		
911AM 33156		
City/State and Zip Code		
PELLI CCISTIA () GTOILOCOTT E-mail address: (to be used for future ann	ual report notification)	
, in the second of the second		
For further information concerning this matter,	piease call:	
ANTONINO PECLICIOITI	_at (786) 169 1150	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	ratianassee, Fiorida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) 3. registration in Florida 4 Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State; (MUST BE FLORIDA STREET ADDRESS) Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 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. 121/10711 Signature of a member or authorized representative of a member 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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a shange in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this chapte.

granure of Registered Agent