## 670506

(Requestor's Name)				
(Address)	—			
(Address)				
(City/State/Zip/Phone #)	_			
(Only) States Light Hollo III)				
PICK-UP WAIT MAIL				
(Davis				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

INDICATE LP SOTTINI ENTERPRISE INC

Name of Corporation

DOCUMENT NUMBER, 670506

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:

LOU SOTTINI

Name of Contact Person

LP SOTTINI ENTERPRISE, INC

Firm/Company

1721 N DIXIE HWY

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

TJIMPORTANTMAIL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TJ RIX** 

.954

946-9600

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

statement of cha	nnge is submitted for a corport	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of FL ce or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: LP SOTTI	INI ENTERPRISES, INC. IXIE HWY. POMPANO BEACH, FL 33060	
3. The mailing a	nddress (if different): SAME	<u> </u>	
4. Date of incorp	poration/qualification: 05/19	9/1980 Document number: 670506	
	t street address of the current of State: (If resigned, en	registered agent and registered office on file with the inter resigned)	
	RESIGNED	~ <b>4</b>	
		SECRETAR SECRETAR AHASS	F
	·		PROPERTY.
6. The name and (if changed):	l street address of the new reg	ristered agent (if changed) and /or registered office	
	LOUIS SOTTINI	TARE TO COMPANY TO COM	
	1721 N DIXIE HWY.		
		P.O. Box NOT acceptable	
	POMPANO BEACH,	FL 33060	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its registered agent	
Such change wa authorized by th	is authorized by resolution du ne board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
- Agu	Litto	Louis Sottini	
I hereby accept I further agree to performance of agent. Or, if the	my duties, and I am Jamiliar is docyment is being filed mei	Printed or typed name and title and agree to act in this capacity. It is of all statutes relative to the proper and complete with and accept the obligation of my position as registered wrely to reflect a change in the registered office address, I n notified in writing of this change.	
do	100	06/25/2013	
1/ 3/81	nature of Registered Agent	Date	
Irsigning on be	half of an entity:		
	yped or Printed Name	<del></del>	
1.7	thee or remem rames		

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