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(Requestor's Name)					
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SECRETARY OF STATE
ALLAMASSEF, FLORIDA

07318

## · COVER LETTER

TO:	Registration Section Division of Corporations			
SUB	JECT: A & G PIZZA LLC (Name of	f Limited Liab	oility Company)	
Dear	Sir or Madam:			
The	enclosed Registered Agent/Registered	l Office Chang	ge and fee(s) are submitt	ed for filing.
Pleas	se return all correspondence concernir	ng this matter	to the following:	
ANI	NETTE ABDULLAH			
	(Name of Person)			
<u>A &amp;</u>	G PIZZA LLC (Firm/Company)	<u>-</u>	_	
	( <b>; ,</b> /			-1 ~>
118	LAKE WHISTLER DR			SEC BOIL
	(Address)			AHA NOV
AUE	SURNDALE FL 33823			30 AMI 3RY OF S
	(City/State and Zip Code)	• HI	<del></del>	EFF.
For 1	further information concerning this ma	atter, please ca	ıll:	2007 NOV 30 AM II: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ANN	NETTE ABDULLAH	at (_863	<sub>)</sub> 967-5070	
	(Name of Person)		(Area Code & Daytim	e Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the follow	ving amount:		
	<b> ✓</b> \$25 Filing Fee	\$55 Filing Fee & Certifi	ed Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH-FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: A&GPIZZALLC

2. The mailing address of the limited liability company is: 118 LAKE WHISTLER DR

AUBURNDALE FL 33823

L07000097318

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
118 LAKE WHISTLER DR
Address
AUBURNDALE FL 33823
City, State and Zip

6. The name and address of the new registered agent and/or office:

ANNETTE ABDULLAH

Name

118 LAKE WHISTLER DR

Florida street address (P.O. Box NOT acceptable)

AUBURNDALE

FL 33823

City, State and Zip

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 of the 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.

(Signature of a member or authorized representative of a member)

## ANNETTE ABDULLAH

09/24/2007

3. Date of filing/registration in Florida

(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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00