

L140000 40358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

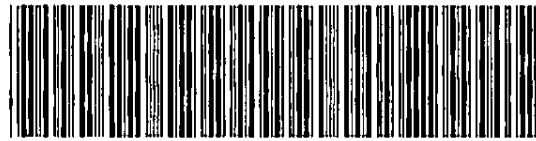
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APR 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLAZ GAMES LLC
Name 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:

Joseph A. Coizza Jr.
Name of Person

PLAZ GAMES LLC
Firm/Company

8146 Wild Oakes Way
Address

Largo, FL 33773
City/State and Zip Code

joeyinvent@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph A. Coizza Jr. at (727) 466-7555
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



2020 APR -3 10:54

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

JOSEPH A COIZZA, JR.
8146 WILD OAKS WAY
LARGO, FL 33773

SUBJECT: PLAZ GAMES LLC
Ref. Number: L14000040358

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00006455

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. Name of the limited liability company: PLAZ Games LLC

2. (a) 8146 Wild Oaks Way
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Largo, FL 33773

(b) 8146 Wild Oaks Way
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Largo, FL 33773

3. 03/14/2014
Date of filing/registration in Florida

4. L14000040358
Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

2020 APR -8 PM 3:24

(b) Joseph A. Coizza Jr.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8146 Wild Oaks Way
NEW Registered Office Address:

Largo, FL 33773

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.

[Signature]
Signature of a member or authorized representative of a member

Joseph A. Coizza Jr.
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 605, 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]
Signature of Registered Agent