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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. $\dot{\omega}$

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LLC REGISTERED AGENT CHANGE DOMUK PIZZA LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



COVER LETTER

Divisio	n of Corporations						
SUBJECT:	DOMUK PIZZA LLC	DOMUK PIZZA LLC					
	Name of Limited Liability Company						
Dear Sir or Mad	dum:						
The enclosed R	egistered Agent/Registered Offic	e Chang	e and fee	e(s) are submitted for filing.			
Please return al	l correspondence concerning this	s matter to	o the fol	lowing:			
RILEY	PARK						
	Name of Person						
DOM	IUK PIZZA LLC						
	Firm/Company						
7901 4th	St. N, Ste 300						
	Address						
St. Peter	sburg, FL 33702						
	City/State and Zip Code						
eastern@	Pregisteredagentsinc.com dress: (to be used for future annu	ral report	natifica	tion)			
				nony			
For further info	ormation concerning this matter, p	please ca	11:				
Rile	ey Park	at (307	200-2803			
	Name of Person		· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number			
Registr Divisio Clifton 2661 E	ett/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301		Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enclos	ed is a check for the following	amount:					
2 \$25	Filing Fee		\$ 55	Filing Fee & Certified Copy			

TO: Registration Section

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. Na	me of the limited liability company:DOMU	JK PIZ	ZZA LLC
2. (a)	1317 EDGEWATER DR, 1128	(b)	, 1317 EDGEWATER DR, 1128
∠. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32804		ORLANDO, FL 32804
	03/25/2021		L21000141961
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	AUSVYDAS, SULCAS, MR		
(a)	Registered Agent and Registered Office shown on the records of	the Florida E	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	1317 EDGEWATER DR, 1128		
	ORLANDO FI	32804	影るア
	REGISTERED AGENTS INC.		TALLAHASSEE, FLORIO
(b)	Enter name of NEW Registered Agent and/or NEW Registered		dress:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		<u></u>
	St. Petersburg, FL	33702	2
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement and agreement of the appointment as registered agent and agreement of the agreemen	the regist ability cor of the limited lia Rile	ompany, it is hereby confirmed that the change(s) inted liability company or as otherwise provided in liability company. ey Park / Authoized Representative Printed or typed name of signee
provisi the obl to mer notified	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change. Bill Havre - Secreta	perjorma d for in Co hereby coo	ance of my tuties, and Fam jamittal with and accept Chapter 6D5 F.S. Or if this document is being filed
Signatu	ire of Registered Agent		