Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SAN GIUSEPPE PIZZA LLC

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AUG 23 2023

K. Brumble

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. [a]		(b)	
	Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS)		Mariing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/26/2022	L220	000245545
	Date of filing/registration in Florida	4.	Document number
. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the reco		
	Registered Office Address (MUST BE FLORIDA STR	(EET ADDRESS)	
	476 RIVERSIDE AVE.		
	JACKSONVILLE	FL 32202	
(b)	Registered Agents Inc		APPRO AND FILE 2023 AUG 22 SAUCABARSI
(.,,	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Regi</u>	stered Office address	UG 22
	7901 4th St N		AND AND ILED 22 PHT
	NEW Registered Office Address:		(Free to be a second of the control of the con
	STE 300		<u></u>
	St. Petersburg	_, FL. <u>33702</u>	
ie cha gent w as/we ie arti	imited liability company is not organized under the state of changes are made, the Florida street addressed to identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the registere ted liability compa bers of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) Hability company or as otherwise provided in
12.4-1	ure of a member or authorized representative of a member	Robin Jor	
	ure of a member or authorized representative of a member		Printed or typed name of signee
Signat			

Signature of Registered Agent