#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

#### SIGNATURE: STEVEN IANNI

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P03000032185

Entity Name: IANNI'S CONCESSIONS, INCORPORATED

#### **Current Principal Place of Business:**

11705 BOYETTE RD SUITE 474 RIVERVIEW, FL 33569

#### **Current Mailing Address:**

11705 BOYETTE RD SUITE 474 RIVERVIEW, FL 33569

## FEI Number: 90-0061037

## Name and Address of Current Registered Agent:

IANNI, STEVEN 2403 STATE STREET TAMPA, FL 33509 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	STEVEN IANNI			03/09/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DP	Title	VP	
Name	IANNI, STEVEN	Name	IANNI, PRISCILLA D	
Address	11705 BOYETTE RD STE 474	Address	11705 BOYETTE RD SUITE 474	
City-State-Zip:	RIVERVIEW FL 33569	City-State-Zip:	RIVERVIEW FL 33569	

Certificate of Status Desired: No

03/09/2022 Date

# FILED Mar 09, 2022 Secretary of State 9726991196CC