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.

SIGNATURE: WAYNE J MAZZONE

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

GREENE, JOAN 100 SULLIVAN STREET STE 112 PUNTA GORDA, FL 33950 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	SIGNATURE: JOAN GREENE				
	Electronic Signature of Registered Agent		Date		
Officer/Direc	ctor Detail :				
Title	D	Title	DIRECTOR		
Name	BERNSTEIN, LYNN	Name	MAZZONE, WAYNE J		
Address	24449 LAKEVIEW PLACE	Address	992 TAMIAMI TRAIL		
City-State-Zip:	PORT CHARLOTTE FL 33980	0.11.01.01.7			

PORT CHARLOTTE, FL 33953

Current Mailing Address:

992 TAMIAMI TRAIL F PORT CHARLOTTE, FL 33953 US

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT DOCUMENT# P13000021891

Entity Name: LA FAMILIA RESTAURANT & PIZZARIA, INC.

Current Principal Place of Business:

992 TAMIAMI TRAIL F

FEI Number: 46-2259751

City-State-Zip: PORT CHARLOTTE FL 33953

DIRECTOR

Certificate of Status Desired: No

FILED Oct 25, 2017

Secretary of State

CC5616887657

10/25/2017