HOLLY HILL, F	EL 32117			
Current Ma	iling Address:			
5 LEWISDA	LE PLACE			
PALM COAS	ST, FL 32137 US			
FEI Number: 46-3110801		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
PATRICK, FILL	E OOD AVE.			
106 HOLLY HILL, F	L 32117 US			
106 HOLLY HILL, F	L 32117 US d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	ilorida.
106 HOLLY HILL, F The above name		stered office or regis	tered agent, or both, in the State of F	lorida. 03/19/2015
106 HOLLY HILL, F The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	
106 HOLLY HILL, F The above name SIGNATURI	d entity submits this statement for the purpose of changing its regi E:	stered office or regis	tered agent, or both, in the State of F	03/19/2015
106 HOLLY HILL, F The above name SIGNATURI	d entity submits this statement for the purpose of changing its regi E: PATRICK FILLE Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/19/2015
106 HOLLY HILL, F The above name SIGNATURI	d entity submits this statement for the purpose of changing its regises PATRICK FILLE Electronic Signature of Registered Agent ctor Detail :			03/19/2015
106 HOLLY HILL, F The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regi E: PATRICK FILLE Electronic Signature of Registered Agent Ctor Detail : PD	Title	VD	03/19/2015
106 HOLLY HILL, F The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regises E: PATRICK FILLE Electronic Signature of Registered Agent Ctor Detail : PD FILLE, PATRICK 116 DRIFTWOOD AVE.	Title Name	VD FILLE, TRACYE 5 LEWISDALE PLACE	03/19/2015

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: PATRICK FILLE

PRESIDENT

03/19/2015

Electronic Signature of Signing Officer/Director Detail

FILED Mar 19, 2015 **Secretary of State** CC3671541794

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000056110

Entity Name: PURPLE BASIL SPECIALTY SANDWICHES, INC.

Current Principal Place of Business:

1501 RIDGEWOOD AVE. 106