

A16000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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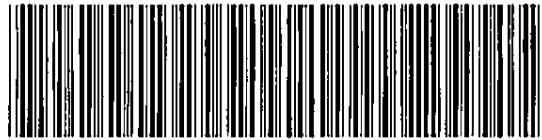
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Osteria Numero Uno, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A16000000445

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeffrey Farwell

Contact Person

Big Time Restaurant Group Corp.

Firm/Company

400 Clematis Street, Suite 205

Address

West Palm Beach, FL 33401

City, State and Zip Code

barbara@bigtimerestaurantgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Farwell

at ( 561 ) 659-1940

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a ~~\$25.00~~ check made payable to the Florida Department of State.  
52.50

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Osteria Numero Uno, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/29/2016 3. A16000000445  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Fox Rothschild LLP  
Name  
222 Lakeview Avenue, Suite 700  
Address  
West Palm Beach, FL 33401  
City, State and Zip

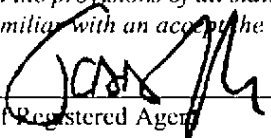
5. The name and Florida street address of the new registered agent and/or office:

Herbst, Todd  
Name  
400 Clematis Street, Suite 205  
Florida street address (P.O. Box not acceptable)  
West Palm Beach FL 33401  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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SECTION 601  
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