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LA PIAZZA PASTA CAFÉ 1885 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 (954) 921-0088	000048852730
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	(4/01/ 05-+0 1040005 **25.00
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Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions liability company submits tagent, or both, in the State of	of sections 608.416 he following stateme of Florida.	_		tatutes, the u s registered o	ndersigned lin office or regist	nited ered
1. The name of the limited	•	GELAT	TO C	AFE	LLC	
2. The mailing address of t			1885	40114111	00D BL	<u> </u>
	FL 330<		1000	1000 100		<u> </u>
1700170000	TL JJUZ	=0				·
3/24/05		<u>.</u>	1050)000 <i>2</i> .	<u> 2203</u>	
3. Date of filing/registration	n in Florida	4.	Documen	nt number		
5. The name of the registere Florida Department of St	ate: /	<u> </u>	~ ^	own on the re	ecords of the	
	2120	Name TY/GP	<t< td=""><td></td><td></td><td></td></t<>			
_	KENOL, R. 2120 Hollywood, City,	Address 33	20			
C 1771	City,	State and Zip				
6. The name and address of	the new registered ag	ent and/or om	ice:			
	ALBERTO	17001V	V		05 A	
	1885 H	Name Ollywool	S BLV	۵.	ारा • • • • • • • • • • • • • • • • • • •	
	Florida street address	(P.O. Box NO	T accepta	ble)		
_	Hollywood	FL 33	020			
	City, St	ate and Zip			$\frac{1}{\omega}$	
If the limited liability compa- confirmed that after the char and the business office of the liability company, it is hereby the members of the limited length of the the operating agreement of the	ige or changes are ma	ide, the Florida Lbe identical	a street add	iress of the re	t is hereby gistered office	
Signature of a member or authorized	representative of a member)				
ALBERTO RU	•	,				
(Printed or typed name of signee)	1210					
I hereby accept the appoints comply with the provisions of and I am families with that a Chapter 608 J.S. Or Fishis address, I hereby confirm the Bignatute of Registered Agent)	nent as registered ag fall statutes relative ccept the obligations document is being fi at the limited liability	ent and agree to the proper of of my position led to merely to company has	to act in th and compl as registe reflect a ch been notif	is capacity. ete performance ered agent as ange in the ri ied in writing	I further agree ice of my dutie provided for in egistered office of this change	to S,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18(10/99)