

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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H220003317113ABCU

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
 Account Number : 120060000135  
 Phone : (305)789-3200  
 Fax Number : (305)789-4137

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

f.galdievivo.com

**LLC REGISTERED AGENT CHANGE**  
**TOWN KITCHEN, LLC**

Certificate of Status	0
Certified Copy	0
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C. BRUMBLEY  
 SEP 27 2022

FILED

2022 SEP 26 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 SEP 26 PM 2:12

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H220003317113

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Town Kitchen, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Fabio Galdi

Name of Person

Town Kitchen, LLC

Firm/Company

7301 SW 57th Court, Suite 100

Address

South Miami, Florida 33143

City/State and Zip Code

f.galdi@vyvo.com

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

For further information concerning this matter, please call:

Fabio Galdi

Name of Person

at ( 786 )

5808054

Area Code &amp; Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

H220003268943  
H220003317113**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Town Kitchen, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

7301 SW 57TH COURT, SUITE 100SOUTH MIAMI, FL 33143

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

7301 SW 57TH COURT, SUITE 100SOUTH MIAMI, FL 3314303/16/2005L05000026806

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
BRANDON LURIE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7301 SW 57TH COURT, SUITE 100SOUTH MIAMI, FL 33143

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

FABIO GALDINEW Registered Office Address:FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Fabio Galdi  
Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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