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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
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J. BRYAN

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EXAMINER

COVER LETTER

3841 Rotisserie, LLC
f Limited Liability Company
Office Change and fee(s) are submitted for filing.
g this matter to the following:

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ODEC 17 PH 1: 56 SECRETARY OF STATE ALLAHASSEE. FLORIF
DEC 17 PM
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om notification)
tter, please call:
at (727) 712-7682
Area Code & Daytime Telephone Number
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
ing amount:
\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	3841 Rotisserie, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	3841 Kennedy Boulevard, Suite 2 Tampa, FL 33609
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3841 Kennedy Boulevard, Suite 2 Tampa, FL 33609
February 5, 2010	L10000014336
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:
Registered Agent:	John Pavlatos
Registered Office Address:	3841 Kennedy Boulevard, Suite-2 Tampa, FL 33609
	TH 6
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address
NEW Registered Agent:	Frank Gianniosis
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5340 West Kennedy, #468 Tampa ,FL33609
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compans. Signature of a member or authorized representative of a member	Florida street address of the registered office
Frank Circuitate	
Frank Gianniosis Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my proceedings of the companies of the	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	327, Tallahassee, FL 32314

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