10000102139

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MIL	AN PIZZA LLC	
Name of Limi	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
MILAN UNGER		
Name of Person		
MILAN PIZZA LLC		
Firm/Company		
4122 S FLORIDA AVE		
Address		
LAKELAND, FL 33813		
City/State and Zip Code		
E-mail address: (to be used for future annual report notific	cation)	
For further information concerning this matter, p	please call:	
MILAN UNGER at		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee	\$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:	MILAN PIZZA LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	4211 SOUTH FLORIDA AVE LAKELAND, FL 33813
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	249 DONNA AVE. MORGANTOWN, WV 26505
9/30/2010	L10000102139
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	NIKOLA UNGEROVA
Registered Office Address:	249 DONNA AVE MORGANTOWN, WV 26508
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	NIKOLA UNGEROVA 콜음 #
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NIKOLA UNGEROVA 4122 SOUTH FLORIDA AVE LAKELAND "FL 33813
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 ider liability 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 company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote.
* Nitrola llyun	<u></u>
Signature of a member or authorized representative of a member Nilvola Ungerova 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 pr and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compan	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 by has been notified in writing of this change.

Signature of Registered Agent