L11000 126407

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T. HAMPTON

COVER LETTER

Division of Corporations		
SUBJECT: SALT'N SUGAR PIZZA, LLC		
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Georges Darmani		
Name of Person		
SALT'N SUGAR PIZZA, LLC Firm/Company	<u></u>	
4942 West State Road 46, Unit	1060	
Sanford, Florida 32771 City/State and Zip Code		
georges.darmani@gmail.cor E-mail address: (to be used for future annual report no	n otification)	
For further information concerning this matter	er, please call:	
Maud Poudat	at (407)373-0994	
Name of Person	Arca Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g 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.

1. Name of the limited liability company:	SALT'N SUGAR PIZZ	A, LLC	
2. (a) Principal office address of limited liability compa	ny: 4942 West Sta	ate Rd. 46, Ste 1060	
(Note: MUST BE STREET ADDRESS)	Sanford, Florida 3277	71	
(b) Mailing address of limited liability company:	SALT'N SUGA	AR, LLC	
(Note: MAY BE POST OFFICE BOX)	4942 West State Rd. Sanford, Florida 3277		
11/04/2011	L110001	26407	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Dept. of State:	
Registered Agent:	Charles S. Serfaty		
Registered Office Address:	4770 Biscayne Blvd., Miami, Florida 33137 United States	Suite 1430	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office add	lress:	
NEW Registered Agent:	Georges Darmani		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4942 West State Rd. 46, Ste 1060		
	Sanford	,FL <u>32771</u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability 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. Signature of a member or authorized representative of a member Georges Darmani Printed or typed name of signee	Florida street address of the ntical. Or, in the case of a so was/were authorized by	e registered office Florida limited an affirmative vote	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p 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 compa	agree to act in this capacii roper and complete perfori osition as registered agent erely reflect a change in th ny has been notified in writ	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change,	
Signature of Registered Agent			
1			

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