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Account Name

: REGISTERED AGENTS INC.

Phone

Account Number : I20090000081 : (307)200-2803

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LLC REGISTERED AGENT CHANGE POLPO PIZZA COMPANY LLC

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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. N	ame of the limited liability company: POLPO I	PIZZA C	OMPANY LLO	ز 		
2. (a)		(b)				
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	6200 CLARK CENTER AVENUE	6200 CLARK CENTER AVENUE				
	SARASOTA, FL 34238	SAF	RASOTA, FL 34238			
	11/22/2013	L130	000163942			
3.	Date of filing/registration in Florida	4.	Document number	-		
e	UNITED STATES CORPORATION AGENT	S, INC.				
J. (a)	Registered Agent and Registered Office shown on the records of	nt State:	5	2(
	5575 S. SEMORAN BLVD				2020 FEB	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	·····		93.	1 :
	SUITE 36					?
	ORLANDO	32822		73: 2	2	! 7:
(b)	Registered Agents Inc.			Sim oviDiA	2: !	The same of
(37)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		•		
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	33702				
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registered ability compan of the limited li	office and the business of y, it is hereby confirmed ability company or as of y company.	office of that the herwise	t the re e chang provid	gistered ze(s)
_	ature of a member or authorized representative of a member		Printed or typed name			
provis the ob to med notiffe	why accept the appointment as registered agent and age sions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I are writing of this change. Bill Havre - Assistate the complete of the change in the change.	e performance and for in Chapte hereby confirm	n nix anarex, ana 1 amera	7711111111	V21/6 (4/)	14 LILLE1/1

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

Signature of Registered Agent