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TALLAHASSEE, FLORIDA

MAY 03 2016 S. YOUNG

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.

Name of the limited liability company: New York Sli	ce Company LLC	
3837 47th St, Sarasota, FL 34235	(b) 3837 47	th St, Sarasota, FL 34235
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Q5/01/2014	L1400007	71115
Date of filing/registration in Florida	4.	Document number
United States Corporation Agents, INC.	_	5 ALISE
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	MAY
13302 Winding Oaks Court		T AAR
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2 SEE
Suite A		
Tampa	33612	
Enter name of NEW Registered Agent and/or NEW Registered 3837 47Th St	d Office address:	
NEW Registered Office Address:		•
Sarasota , FI	34235	
limited liability company is not organized under the large 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 of ticles of organization or the operating agreement of the	f the registered office lability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
nature of a member or authorized representative of a member		Printed or typed name of signee
eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in this cape performance of my e ad for in Chapter 605 hereby confirm that t	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been
ture of Registered Agent		

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

COVER LETTER

Division of Corporations		
New York Slice Company LLC	c _.	
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Bradley Rudy		
Name of Person		
New York Slice Company LLC		
Firm/Company		
3837 47th St		
Address		
Sarasota, FL 34235		
City/State and Zip Code		
nyslicecompany@gmail.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this matter, p	please call:	
Bradley Rudy	941 3668125	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	imount:	
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

TAPLAHASSEE FLORD

INHS18 (2/14)

TO:

Registration Section