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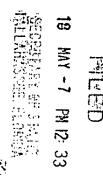
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O SIMMONS MAY 1 1 2018

## COVER LETTER -

Name of Limited Liability Company

TO:

Registration Section Division of Corporations

Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelley McKell - Duff Name of Person
PIZZA BOX LL C Firm/Company
6023 Hobson St NE
St. Pete F1 33703  City/State and Zip Code
BUSKITS 150 amoil. Com  E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Kelley McIcell-Duff, 813 , 2451894  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft 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 following amount:
\$25 Filing Fee & Certified Copy
annual report instead of including myself!

## 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. Na	nme of the limited liability company: PlZG	ROX M	
2. (a)	GA3 (entral AVC Systs 5	(b) St.Pe	HONON STNE
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida 4	4.	Document number
5. (a)	ADAM DUFF		
	Registered Agent and Registered Office shown on the records of the F  WORD STREET ADD  Registered Office Address (MUST BE FLORIDA STREET ADD		
	SI PETEVALOR	<u>KLSS)</u>	A IS
	, FL	33703	33
(b)	Lelloy MCILell - Dufe Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:	er e
	Le 023 Hobson St NE NEW Registered Office Address:		
	Saint Octevibures		
		33203	
the cha agent w was/we the arti	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an afformative vote of the members of the icles of organization or the discripting agreement of the limitude of a member or authorized representative of a member	registered office ity company, it is	and the business office of the registered hereby confirmed that the change(s)
provision the oblit to mere	hy accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete per- ligations of my hypertion as registered agent as provided for ely reflect of charge in the registered office address, I here d in writing of this change.	o act in this cape formance of my c r in Chapter 605 eby confirm that i	icity. I further agree to comply with the luties, and I am familiar with and accep, .F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered A