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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

Division of Corporations							
SUBJECT:	TIRAMI	SU FAC	CTORY LL	С			
3003EC1.	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registere	d Office Char	nge and f	cc(s) are sub	mitted for filing			
Please return all correspondence concern	ing this matter	r to the f	ollowing:				
MALTESE, MAR	RIO						
Name of Person			-				
TIRAMISU FACTOR	Y, LLC						
Firm/Company							
1684 SOUTH FEDERA	L HWY					18	
Address			-		AHAS	AUG 1	FILED
DELRAY BEACH, FL	33483					17 PM 4: 27	
City/State and Zip Co	ode	· -	_		SEE, FLORID	÷.	
mariomaltese@hotm	ail.com				57	27	
E-mail address: (to be used for future	e annual repo	rt notific	ation)				
For further information concerning this m	atter, please c	:all:					
Mario Maltese	at (786	247-04	116			
Name of Person			Area Code &	& Daytime Telep	hone Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	5:	Regi Divi P.O.	ILING ADD istration Sect sion of Corpo Box 6327 ahassee, Flor	ion orations			
Enclosed is a check for the follo	wing amoun(t:					
☑ \$25 Filing Fee		□ \$55	Filing Fee &	& Certified Copy			

TO:

Registration Section

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: TIRAMISU FA	ACTOR'	/ LLC			
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)			
	411 South Federal Highway		1684 South Federal Hwy			
	Boynton Beach, FL 33435	- 	DELRAY BEACH, FL 33483			
	10/31/2016		L16000199764			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	MALTESE, MARIO					
()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
			10			
	Registered Office Address (MUST BE FLORIDA STREET A					
	1215 CRYSTAL WAY UNIT L		1			
	DELRAY BEACH, FL . FL	33444	FILED PH "4: 27			
(b)	MALTESE, MARIO		TO THE			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add				
		·				
	NEW Registered Office Address:					
	1684 South Federal Hwy					
	DELRAY BEACH	33483				
the chaagent was/w the art Signa I here provis the ob. to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lattice of a member or authorized representative of a member every accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position of registered agent as provided the vertical actual complete properties of this change in the registered office address. In a first relating of this change.	the registability confithe limited lim	ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company. MARIO MALTESE Printed or typed name of signce In this capacity. I further caree to comply with the			
Signati	resor Registered Agent					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00						