

21700078864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

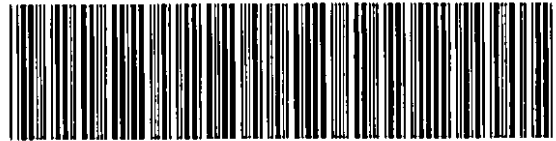
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Special Instructions to Filing Officer:

Respect.
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8/8

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18 AUG -8 AM 7:59

AUG 11 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2018

ALEX MANZO
13290 NW 25 ST
MIAMI, FL 33182

SUBJECT: ROMAN PIZZA ACADEMY, LLC
Ref. Number: L17000078864

We have received your document for ROMAN PIZZA ACADEMY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 618A00014645

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2018 AUG -8 AM 10:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roman Pizza Academy, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Manzo

Name of Person

Roman Pizza Academy, LLC

Firm/Company

13290 NW 25 Street

Address

Miami Florida 33182

City/State and Zip Code

alex@manzofood.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Manzo at (305) 8038269
Name of Person Area 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 following 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 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. Name of the limited liability company: Roman Pizza Academy, LLC

2. (a) 8434 S Dixie Highway (b) 8434 S Dixie Highway

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33143

Miami, FL 33143

4/7/2017

L17000078864

3. Date of filing/registration in Florida

4. Document number

5. (a) Alexander Manzo

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8434 S Dixie Highway

Miami, FL 33143

(b) Massimiliano Saieva (please add as second reg. agent)

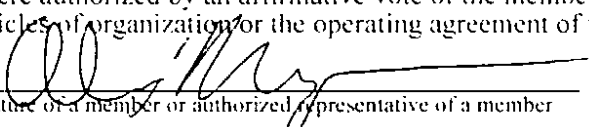
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

8434 S Dixie Highway

Miami, FL 33143

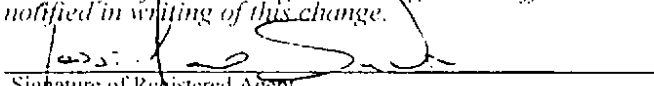
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Alexander Manzo

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent