

118000135664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300322840583

01/15/19--01008--001 ++50.00

2019 JAN 15 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2019
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIZZA PARTNERS OPERATIONS, 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:

JOSEPH CANDITO
Name of Person

PIZZA PARTNERS OPERATIONS, LLC
Firm/Company

2626-E. TAMIAMI TR.
Address

NAPLES, FL 34112
City/State and Zip Code

JOE@CMGT.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOESEPH CANDITO 239 398-8349
Name of Person at 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

2019 JAN 15 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: PIZZA PARTNERS OPERATIONS, LLC

2. (a) 2626-3 E. TAMiami TR. (b) 2626-3 E. TAMiami TR.

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

NAPLES, FL 34112

NAPLES, FL 34112

5/31/2018

L18000135664

3. Date of filing/registration in Florida

4. Document number

5. (a) KRAVIT LAW, P.A.

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

1801 N. MILITARY TR., SUITE 120

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33487

(b) JOSEPH CANDITO

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

2626-3 E. TAMiami TR.

NEW Registered Office Address:

NAPLES, FL 34112

2019 JAN 15 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Joseph Candito

Signature of a member or authorized representative of a member

JOSEPH CANDITO

Printed or typed name of signer

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.

Joseph Candito

Signature of Registered Agent