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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	06/17/1901011011 **25.00
PICK-UP WAIT MAIL (Business Entity Name)	
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## COVER LETTER

TO: Registration Section Division of Corporations

# BRUNO BY THE SLICE, LLC SUBJECT:

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:

ADAM LOSEY

Name of Person

LOSEY PLLC

Firm/Company

1420 EDGEWATER DR.

Address

ORLANDO, FL 32804

City/State and Zip Code

## ALOSEY@LOSEY.LAW

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

For further information concerning this matter, please call:

ADAM LOSEY	407	906-1605
	at (	)

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:

2 \$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.

(a)	Principal office address of limited liability compar-	ià: (	b)				
	( <u>Note: MUST BE STREET ADDRESS</u> ) 1304 FORMOSA AVENUE		130	( <u>Note: 7</u> 4 FORMOS			<u>( 1: 80A</u> )
	WINTER PARK, FL 32789				K, FL 3278	89	<u> </u>
	10/17/2018		L18	00 <u>0244</u> 550			
	Date of filing/registration in Florida	4.		Docume	ent number		
(a)	ADAM LOSEY						
	Registered Office Address (MUST BE FLORIDA STI 450 S. ORANGE AVE STE 550	REET ADDRES	<u>55)</u>				
	450 S. ORANGE AVE. STE. 550						
	450 S. ORANGE AVE. STE. 550 ORLANDO				÷	2019	
(b)	450 S. ORANGE AVE. STE. 550 ORLANDO LOSEY PLLC	3280′	1		: 	2019 J.C.	- •••
b)	450 S. ORANGE AVE. STE. 550 ORLANDO	3280′	1		: :	2019 JUL 17 P	
(b)	450 S. ORANGE AVE. STE. 550 ORLANDO LOSEY PLLC	3280′	1		: :	PH-	. •
(b)	450 S. ORANGE AVE. STE. 550 ORLANDO LOSEY PLLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	3280′	1		:  		. •

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.

Adam Losey

Adam Losey, Losey PLLC

Signature of a member or authorized representative of a member

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.

osey & Signature of Registered Agent

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