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Division of Corporations

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From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone ; (407)843-8880 Fax Number (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE IPPOLITO FOODS, LLC

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MAY 29 2019

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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. No	ame of the limited liability company: PPOLITO FOO	ods	, LLC				-
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					-
	5187 HOLLY FERN TRCE		5187 HC	OLLY FERN TRCE			
	TALLAHASSEE, FL 32312	TALLAHASSEE, FL 32312					- -
	04/04/2019		L1900008	89694			
3.	Date of filing/registration in Florida	4.		Document number	·	···	-
6 (a)	DOUBLE RR INC						
5. (a)	Registered Agent and Registered Office shown on the records of the	e Flor	ida Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	561	_			
	5187 HOLLY FERN TRCE						
	TALLAHASSEE, FL	3231	2	- _ ·	2.5	2019	
(b)	MAXWELL L. MINCH			_	ID 70	HAY 2	1
. ,	Enter name of NEW Registered Agent and/or NEW Registered (Mee	uddrest:		5	œ	i i
	GRAYROBINSON, P.A.			_	ETARY OF STATE (MASSER FLOWIN	AH 9	
	NEW Registered Office Address:				7	9: 45	
	720 S.W. 2ND AVE., SUITE 106			_	. .	S	
	GAINESVILLE , FL	3260	1	_			
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Plorida 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 limited of a member or authorized representative of a member obly accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	the re bility I the I limite	gistered offic company, it i imited liabilit d liability con REMPER	the and the business office is hereby confirmed that ty company or as otherwingany. Proceedings Proceedings Proceedings Proceedings Procedure Procedu	e of the ret the chang vise provide Dou & LE ignee	ge(s) ded in	ا <i>بد</i> د.

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

Signature of Registered Agent