

L19000213869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

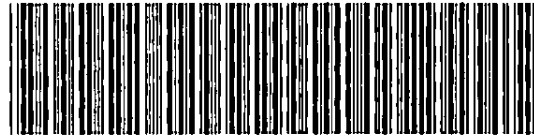
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Ja 10/01/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Pizza 2 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

Keith W. Schneider, Esq.

Name of Person

Maguire Schneider Hassay, L.L.P.

Firm/Company

1650 Lake Shore Dr., Suite 150

Address

Columbus OH 43204

City/State and Zip Code

kwschneider@nsh-lawfirm.com

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

For further information concerning this matter, please call.

Keith W. Schneider

at ( 614 ) 224-1222

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Florida Pizza 2 LLC

2. (a) Principal office address of limited liability company.  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company  
*(Note: MAY BE POST OFFICE BOX)*

4973 US 98 North

4973 US 98 North

Lakeland FL 33809

Lakeland FL 33809

8/21/2019

L19000213869

3 Date of filing/registration in Florida

4 Document number

5 (a) Trevor Dubey  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
5620 Deer Tracks Trail

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

Lakeland FL 33811

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address

5629 Beverly Rise Blvd.

Lakeland FL 33803

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

Michael Couchman

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.*

Signature of Registered Agent

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

**FILED**  
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