

h20 000 311 929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

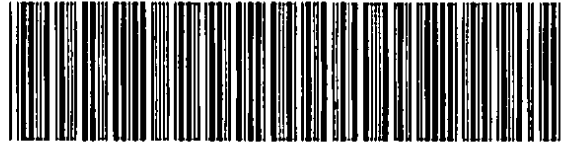
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2022 JAN -3 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 11 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2021

MANISHKUMAR PATEL
5716 SW 50TH ST AVE
OCALA, FL 34474

SUBJECT: S & M PIZZERIA LLC
Ref. Number: L20000311929

We have received your document for S & M PIZZERIA LLC and your check(s) totaling \$. 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.

Correct the spelling of the Business Name.

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 421A00030840

2022 JAN -3 PM 12:35

**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: S & M PIZZERIA LLC S & M Pizzeria LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4422 W HIGHWAY 40 UNIT 1

OCALA, FL 34482

10/02/2020

L20000311929

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SHAIRA QUINONES

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5716 SW 50TH AVE

OCALA, FL 34474

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

MANISHKUMAR PATEL

NEW Registered Office Address:

5716 SW 50TH AVE

OCALA, FL 34474

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]
Signature of a member or authorized representative of a member

Shaira Quinones
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]
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FL