4/5/2021

Division of Corporations

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Division of Corporations

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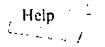
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LLC REGISTERED AGENT CHANGE **LULLWATER PIZZA HI LLC**

Certificate of Status	0
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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. 1	lame of the limited liability company: Lullwater Pizza I	II, LLC	
2. (a)		(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1634 Ponce Delicon AVE NE UNIT 310		
	Atlanta GA, 30307		
	March 4, 2021	1.210	00106469
3.	Date of filing/registration in Florida	4.	Document number
5. (a	United States Corporation Agents, Inc		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	United States Corporation Agents, Inc		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	5575 S. Semoran BLVD Suite 36		
	Orlando , FI	32822	
(b)	C T Corporation System		21
	Enter name of NEW Registered Agent and/or NEW Registered	l Ottice address:	APR 12
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FI	33324	
the chagent was/vas/vas/vas/vas/vas/vas/vas/vas/vas/v	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members tiples of organization or the operating agreement of the	ws of the State f the registered lability compa- of the limited	e of Florida, it is hereby confirmed that after doffice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Butcher
	inture of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me notifi By:	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. CT Corporation System	e performance ed for in Chap hereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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