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Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

F 1	Address.			
- 111 - 1 1 1	MINITER			

## LLC REGISTERED AGENT CHANGE PIYAMIF STORES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DEC 1 3 2022 A. LUNT

## 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. N	ame of the limited liability company: PIYAMIF	STORE	SLLC
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 (IFFICE BOX)
3.	10/28/21  Date of filing/registration in Florida	L21	000469134
	LEGALINC CORPORATE SERVICES		Document number
5. (a)	Registered Agent and Registered Office shown on the records of		í State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
			2022 DEC
	JACKSONVILLE	32202	OHC CALL
	Registered Agents Inc		7 557 2 557
(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<u></u> -
	7901 4th St N	COMPANY OF THE PARTY OF THE PAR	AH 11: 27
	NEW Registered Office Address:		······
	STE 300		
	St. PetersburgFL	33702	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered o bility company, î the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
R:L	any Park	Riley Pa	rk
	ure of a member or authorized representative of a member		Printed or typed name of signee
provisie the obli to mere notifica	oy accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performance of for in Chapter ereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatur	Bill Havre - Assistant	Secretary	