

L23000 S14 138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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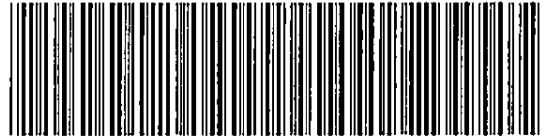
(Business Entity Name)

(Document Number)

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2024 JUL 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 365 Pizza 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:

Tarek Yordi

Name of Person

365 Pizza LLC

Firm/Company

32511 Natural Bridge Rd

Address

Wesley Chapel / FL /33543

City/State and Zip Code

tradeyordi@gmail.com

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

For further information concerning this matter, please call:

Tarek Yordi

813

6792639

at (_____) _____

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

2024 JUL 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FL

**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: 365 Pizza 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**)

3746 Windcrest Dr.

3746 Wincrest Dr.

Wesley Chapel, FL 33544

Wesley Chapel, FL 33544

L23000514138

3. 11/13/2023 Date of filing/registration in Florida 4. L23000514138 Document number

5. (a) 11/13/2023
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

Tarek Yordi

NEW Registered Office Address:

32511 Natural Bridge Rd

Wesley Chapel, FL 33543

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.

Tarek Yordi
Signature of a member or authorized representative of a member

Tarek Yordi
Printed or typed name of signee

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.

Tarek Yordi
Signature of Registered Agent