Florida Department of State Division of Comporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

mail	Address:	

LLC REGISTERED AGENT CHANGE VABBE PIZZA LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	VABBE PIZZA LLC						
		Name of Limited Liability Company					
Dear Si	r or Madam:						
The enc	losed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please r	eturn all correspondence concernir	ng this matter to the	e following:				
Alicia R	ichards						
	Name of Person						
Register	ed Agent Solutions, Inc.						
	Firm/Company						
Corpora	te Center One, 5301 Southwest Pkwy,	Stc 400					
	Address						
Austin,	FX 78735						
	City/State and Zip Co	de					
E-	mail address: (to be used for future	annual report noti	fication)				
For furtl	her information concerning this ma	itter, please call:					
Alicia R	ichards	888 at (705-7274)				
	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 follow	ving amount:					
	□ \$25 Filing Fee		555 Filing Fee & Certified Copy				
INHS18	(2/14)						

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.

2. (a)	3930 N 29th Ave	(b)	N 29th Ave	
(41	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ress of limited liability company: AY BE POST OFFICE BOX
	HOLLYWOOD, FL 33020	HOLL	YWOOD, FL 3	33020
	6/2/2023	M23000	ж ж	
3.	Date of filing/registration in Florida	4.	Documen	t number
5. (a)	CORPORATION SERVICE COMPANY			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	1201 HAYS STREET			
(b)	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	TALLAHASSEE, FI	L 32301-2525		201
	Registered Agent Solutions, Inc.			ALPR AL FIL 1025 AUG 1 1
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	1200 South Pine Island Road			R CO
	NEW Registered Office Address:			2: 07
	Plantation, FI	33324		_
change agent v was/we	imited liability company is not organized under the later created are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization or the operating agreement of the	registered office ability company, of the limited liab	and the busing it is hereby conflity company	ness office of the registered onfirmed that the change(s)
		George Sleet		Authorized Representative
Signa	George Sloomen ture of a member or authorized representative of a member		Printed or t	yped name of signee
I here provisi the obl to mere	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in this of performance of i d for in Chapter hereby confirm th	capacity, 1 fur my duties, and 605, F.S. Or, hat the limited	ther agree to comply with the I I am familiar with and accept if this document is being filed liability company has been

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent