P00 00000 76225

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





500398640585

12:12/32--0:00.--017 **120.00

TILED

M8: I4

M8: I4

M8: I4

M8: I4

M8: I4

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ! Name	ECT: Dimitri & Yanni Inc of Corporation				
DOCU	JMENT NUMBER: P00000076225				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:			
Sandra	Pridemore				
Name	of Contact Person				
Sandra	K Pridemore CPA PA				
Firm/C	Company				
209 Na	assau Street S Ste 104				
Addre	SS				
	FL 34285				
City/S	tate and Zip Code				
	sandra.pridemorecpa@gmail.	com			
E-mai	l address: (to be used for future annua	report notification)			
For fu	rther information concerning this matter, p	please call:			
Sandra	Pridemore	at (941) 488-5110			
	Name of Contact Person	at (941) 488-5110 Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the	Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

$\dot{\text{S}}\textsc{tate}\textsc{ment}$ of change of registered office or registered agent or both for corporations

statement of ch	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of .	Florida
1. The name of	the corporation: Dimitri & Yanni Inc		
2. The principal	office address: 121 Triple Diamond Bl	lvd Unit 9, Venice FL 34275	
3. The mailing:	address (if different):		
4. Date of incorporation/qualification: 08/11/2000 Document number: P0000007			76225
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file wigned)	rith the
	Ioannis Alexakis		
	121 Triple Diamond Blvd Unit 9		- _
	Venice FL 34275		233
6. The name an (if changed):	d street address of the new registered Sandra K Pridemore CPA	agent (if changed) and /or registered of	2072 (** C) 12 AH 8: 14 2072 (** C) 12 AH 8: 14
	209 Nassau St S Stc 104		Sing &
		D. Box NOT acceptable	
The street addr as changed wil	ess of its registered office and the str be identical.	reet address of the business office of i	ts registered agent,
Yau		pted by its board of directors or by are notified in writing of the change. Toayus Alexandre	officer so
I further agree of my duties, ar document is be	the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	statutes relative to the proper and co obligation of my position as registere n the registered office address, I here	mplete performance ed agent. Or, if this by confirm that the
San	hilludem	e 12/9/2	v ₽→
Sig	mature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Sandra K Priden	nore CPA PA		
ŋ	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *