

PO/000114274

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/27/06--01020--015 **10.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Piazza de Roma, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000114274

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:

Jonathan Davidoff
(Name of Contact Person)

Davidoff Law Firm, PLLC
(Firm/Company)

116 West 23rd St., Suite 502
(Address)

NYC, NY 10011
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Davidoff at 212, 386 7602
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2006

CHARLES DEMONTE
PIAZZA DE ROMA, INC.
55 MEADOW COURT
MANORVILLE, NY 11949

SUBJECT: PIAZZA DE ROMA, INC.
Ref. Number: P01000114274

We have received your document for PIAZZA DE ROMA, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted. The form submitted was for a limited liability company.

You corporation is a Florida profit corporation, filed under Florida Statute 607.

Enclosed is the proper form with instructions for completing.

The filing fee is \$35.00 a balance of \$10.00 is due when the corrected document is returned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 006A00034349

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pizza de Roma, Inc
2. The principal office address: 15290 Jog Road
Delray Beach, FL 33484
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ginny Goldman, Esq.
2799 NW Boca Raton Blvd., #213
Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jonathan Davidoff, Esq.
1900 Sunset Harbor Dr., #1003
(P.O. Box NOT acceptable)
Miami Beach, FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Charles Demonte
(Signature of an officer or director)

CHARLES DEMONTE - PRESIDENT
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

6/5/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)