

## Florida Department of State

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## REGISTERED AGENT CHANGE

### WESTSHORE PIZZA XXXIV, INCORPORATED

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Florida Dept of State



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September 5, 2006

#### FLORIDA DEPARTMENT OF STATE

WESTSHORE PIZZA XXXIV, INCORPORATED DIVISION of Corporations 2955 WEST BAY DRIVE

BELLEAIR BLUFFS, FL 33770US

SUBJECT: WESTSHORE PIZZA XXXIV, INCORPORATED

REF: P03000060441

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Susan Payne Senior Section Administrator

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#### H060002225783

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1308, 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: Westshore Pizza XXXIV, Incorporated
2. The principal office address: 2955 WEST BAY DRIVE BELLEAIR BLUFFS, FL 33770 US
3. The mailing address (if different): 2955 WEST BAY DRIVE, BELLEAIR BLUFFS, FL 33770 US
4. Date of incorporation/qualification: 6-2-03 Document number: P03000060441
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
BENSON, PATRICK G
800 92ND AVENUE N
ST. PETERSBURG FL 33702
S1. PETERSBURG FL 33702  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHRISTOPHER MICKEY SALES
2955 WEST BAY DRIVE
(P.O. Box NOT acceptable)  BELLEAIR BLUFFS, FL 33770 US
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, of the obsporation has been notified in writing of the change.  CHRISTOPHER MICKEY, VP  (Signature of the oppointment as registered agent and agree to act in this capacity.  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 gait familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merger to change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Date)  If signing on behalf of an entity:
CHRISTOPHER MICKEY (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)