P04 0000 77783

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

Office Use Only



200344027662

05/12/20--01004--029 ++35.00

RECFIVED MAY 1 1 2020



MAY 2.7 2020 I ALBRITTON

· COVER LETTER

TO:	Amendment Section Division of Gorporations
	Division of Corporations
SUBJI Name	ECT: Athens Café & Grill, INC of Corporation
	·
DOCU	JMENT NUMBER: P04000072783
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Tomas	s Hajdik
Name	of Contact Person
Athens	s Café & Grill, INC
Firm/C	Company
P.O.B	OX 1113
Addres	SS
Key La	argo, Florida, 33037
City/S	tate and Zip Code
	tomashajdik@hotmail.com
E-mai	l address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Tomas	s Hajdik _{at (} 305 ₁ 942-9077
	s Hajdik at (305)942-9077 Name of Contact Person 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)

FOR CORPO	DRATIONS		
statement of cha	unge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statute. ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida	<u> </u>
1. The name of	the corporation: Athens Café & Grill,	INC	
2. The principal	office address: 13 Pirates Dr., Key la	rgo, Florida, 33037	
3. The mailing a	address (if different): 13 Pirates Dr, K	ey Largo, Florida, 33037	
4. Date of incorporation/qualification: 05/2004 Document number: P040000727			
	d street address of the current registerer rtment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	Monika Cooper		
	184 Indian Mound		
	Tavernier, Florida 33070	CESIGNED	
6. The name and street address of the new register (if changed): Tomas Hajdik		agent (if changed) and /or registered office.	2020 1777 1
	13 Pirates Dr		- -
	P.O	Box NOT acceptable	PH 4:
	Key Largo, Florida 33037		<u>:</u>
The street addras changed will	ess of its registered office and the str be identical.	eet address of the business office of its regis	tered agent,
Such change wanthorized by t	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an office inotified in writing of the change.	r so
		Tomas Hajdik	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	Printed or typed name and title t and agree to act in this capacity. statutes relative to the proper and complete pobligation of my position as registered agen in the registered office address, I hereby conjuge.	performance t. Or, if this firm that the
/ / /		03/27/2020	
U	chalf of an entity:	Date	
TOMAS HAJDI	Κ		
'1'	and or Printed Name		

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