Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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

REGISTERED AGENT CHANGE TAMPA BAY PIZZA GROUP, INC.

Certificate of Status	0
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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: TAMPA BAY PIZZA GROUP, INC.
2. The principal office address: 2307 S. Dale Mabry Hwy., Suite 105, Tampa, FL 33629
3. The mailing address (if different): 4115 W. Spruce Street, Tampa, FL 33607
4. Date of incorporation/qualification: 5/25/04 Document number: P04000083174
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Business Filings Incorporated
1200 South Pine Island Road 第一方
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James W. Goodwin
201 N. Franklin Street, Suite 2000
P.O. Box NOT occeptable Tampa, FL 33602
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.
Skip Glass, Vice President
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 of Registered Agent 12/23/15 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

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