## 07000/11/3//

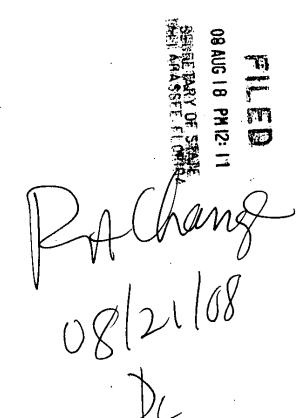
(Re	equestor's Name)	<del></del>				
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: ROSINNA'3 P. 221 IN (Name of Corporation	n)						
DOCUMENT NUMBER: PD720211311							
The enclosed Statement of Change of Registered Office/Agent and	nd fee are submitted for filing.						
Please return all correspondence concerning this matter to the following	llowing:						
ARSHA A. 5744N (Name of Contact Pers							
(Name of Contact Person	on)						
RDS, NN 4's P,ZZA (Firm/Company)	DIO						
(Firm/Company)							
1500 Wells RD C-	7 7 8						
(Address)							
OLANGE PAKK FL (City/State and Zin Co	320:13						
(Only) State and Dip Go	de)						
For further information concerning this matter, please call:							
Name of Contact Person) at (2)	rea Code & Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Department of S	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						

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

statement of change	e is submitted for	a corporation organize	607.1508, or 617.1508 ed under the laws of the ed agent, or both, in the	State of <u>FL</u>	
1. The name of the	corporation:	ROSINNA'S 7.2	21 IN =	_	
			C-748		
			FL 32073		
3. The mailing add	ress (if different):				
4. Date of incorpora	ation/qualification	1:	Document number:	Pogeo 1131	·/
5. The name and str Florida Departme		current registered age	nt and registered office	on file with the	
	VUSUF A	IRDGLU			
	1570 WCL	4 70		<del>-</del>	
	DRANGE P.	the 72 32	013		
6. The name and str (if changed):	reet address of the	new registered agent (	(if changed) and /or reg	istered office	08 AUG 18
	1580 WLL	45 RD	73	78	2 m
_		(P.O. Box NOT acceptable)		349	₩ W
	BRANGE 1	ARE FL 325"	73		
			dress of the business of	ha.e.	ered agent,
4.1) pm	nuthorized by responding or the corp	_	by its board of director fied in writing of the of Walter type	s or by an officer hange.  M  ed hame and lide	sp U
// //		registered agent and a rovisions of all statute and accept the obligations of the colling of this change.	agree to act in this capes relative to the prope ation of my position as registered office addre	pacity er and complete per eregistered agent ss, I hereby confir	erformance Or, if this m that the
DWWASE (Signation	ure of Registered Agen	<u> </u>	8/13/C	ot ate)	
If signing on behal	f of an entity:		, (		
Arghia F	d or Printed Name)				

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