## P07000111311

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· (R	(equestor's Name)							
(A	ddress)							
(A	ddress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(C	ocument Number)							
Certified Copies	Certificate	s of Status						
Special Instructions to	o Filing Officer:							
		:						





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SECRETARY OF STATE
AND ANASSEE FLORID.

R.A. Charge SEP 2 6 2008

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: ROSINNA'S PIZZA INC. (Name of Corporation)								
. (Name of Corporation)								
DOCUMENT NUMBER: POTOSOMISII								
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:								
Benjar Aboj (Name of Contact Person)								
(Name of Contact Person)								
ROSINNA'S PIZZA INC (Firm/Company)								
(Firm/Company)								
1580 Wells RD C-758  (Address)								
(Address)								
ORANGE PARK FL 32073 (City/State and Zip Code)								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Beh 347 H80 ± at (217 ) 50 2- 353 / (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								

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

statement of char	provisions of section nge is submitted for to change its regis	a corporation o	organized ui	nder the l	aws of the i	State of <u> </u>	<u></u>
1. The name of th	he corporation:	ROSWA	5 P/27	1 2	/c		·
2. The principal of	office address:	1580 We	CLS RE	D C-	72.8		
	11 (10 1100 - 2	OLANGE	PARK,	P2 3	207/		
3. The mailing ad	ddress (if different)	·					
4. Date of incorpo	oration/qualificatio	n:	I	Documen	t number:	Poppedil:	3//
5. The name and Florida Departs	street address of the ment of State:	e current registe	red agent ar	d register	red office o	on file with the	
	ARSHIA A	SIYAN				<del>zal</del>	
_	1580 W	leces RD				A	08 (
-	ARSHIA A  1580 W  DRANGE	PAR EL	32073	?		LAHASSE	SEP 2a
	street address of th						R R IN
	BehJAT						5. <del>1</del> . 6
	1530 04	US RD				———— ————————————————————————————————	1 —
		(P.O. Box NOT acce			3		
•	ss of its registered be identical.	office and the s	treet addres	s of the l	ousiness of		
Such change was authorized by the	s authorized by res e board, or the cor	solution duly ad poration has be	lopted by its en notified	s board o in writing	f directors g of the ch	or by an offic ange.	er so
Ablivary (Signature	e of an officer or director	)	_A	rship	Printed or type	I Yan d name and title)	
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as o comply with the d I am familiar wit ng filed merely to r been notified in w	registered age provisions of al h and accept th reflect a change riting of this ch	nt and agre l statutes re e obligation in the regis ange.	e to act i lative to i of my po itered off	n this cape the proper osition as i ice addres	acity. r and complete registered age ss, I hereby con	e performance int. Or, if this infirm that the
			**-*	9	/19/8	08	
	nature of Registered Age	nt)			(Dat	(e)	—
If signing on beh		1 .			•		
Beh Je	yped or Printed Name)	<u></u>					

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