

PD80000071993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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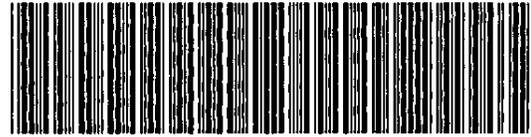
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Papa Giuseppe, Inc  
Name of Corporation

**DOCUMENT NUMBER:** PO8000071993

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:

Mentor Tony Gashi  
Name of Contact Person

Papa Giuseppe, Inc  
Firm/Company

660 Linton Blvd  
Address

Delray Beach, FL 33444  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mentor Tony Gashi at (561) 272-8585  
Name of Contact Person 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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Papa Giuseppe, Inc.
2. The principal office address: 6660 Linton Blvd., Delray Beach, FL 33444
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/31/08 Document number: P08000071993
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)

Andrea R. Jacobs  
11555 Heron Bay Blvd, Ste 102  
Coral Springs, FL 33076

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mentor Tony Gashi  
6660 Linton Blvd, Delray Beach, FL 33444  
P.O. Box NOT acceptable

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.

[Signature]  
Signature of an officer or director

Mentor Tony Gashi  
Printed or typed name and title

*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]  
Signature of Registered Agent

9/21/11  
Date

If signing on behalf of an entity:

Mentor TONY GASHI  
Typed or Printed Name

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