

PI00000038225

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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RA/RO/chg  
@ 8/3/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PITAS REPUBLIC, INC  
Name of Corporation

DOCUMENT NUMBER: P10000038225

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:

FARID ATIR  
Name of Contact Person

PITAS REPUBLIC, INC  
Firm/Company

1600 EAST 8<sup>TH</sup> AVENUE E #108  
Address

Tampa, FL 33605  
City/State and Zip Code

FARIDATIR@YMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FARID ATIR at (813) 368 4521  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2011

FARID ATIR  
PITA'S REPUBLIC INC.  
1600 EAST 8TH AVENUE E-108  
TAMPA, FL 33605

SUBJECT: PITA'S REPUBLIC INC  
Ref. Number: P10000038225

We have received your document for PITA'S REPUBLIC INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 011A00016342

RECEIVED  
JUL 11 2011  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

1. The name of the corporation: PITAS REPUBLIC, INC
2. The principal office address: 1600 EAST 8<sup>TH</sup> AVENUE E# 108  
TAMPA, FL 33605
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/31/2010 Document number: P10000038225

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)

Kale M. Kritch  
2480 Estancia Blvd., Suite 205  
Clearwater, FL 33761

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

FARID ATIR  
4916 EAST YUKON ST  
P.O. Box NOT acceptable  
TAMPA, FL 33617

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 of an officer or director

FARID ATIR  
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 of Registered Agent

6/30/2011  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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