## P10000055534

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: CHEFS OF NAPOLI II, INC.			
Name of Corporation			
DOCUMENT NUMBER: P10000055534			
The enclosed Statement of Change of Registered Office/Agent and	d fee are submitted for filing.		
Please return all correspondence concerning this matter to the foll	owing:		
ANTONIO CACACE			
Name of Contact Perso	n		
CHEFS OF NAPOLI II, INC.			
Firm/Company			
1546 HIGHWAY 41 NORTH, UNIT 20			
Address			
INVERNESS, FL 34450			
City/State and Zip Code			
RICCIUTI@TAMPABAY.RR.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ANTONIO CACACE at ( 3	352 573–7453 a Code & Daytime Telephone Number		
Name of Contact Person Area	a Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations		
P.O. Box 6327	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 is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes for a corporation organized under the laws of the State of FLOI egistered office or registered agent, or both, in the State of Florida.	RIDA
1. The name of the corporation:	CHEFS OF NAPOLI II, INC.	
2. The principal office address:	1546 HIGHWAY 41 NORTH, UNIT 20	
	INVERNESS, FL 34450	
3. The mailing address (if differe	nt): SAME AS ABOVE	
4. Date of incorporation/qualifica	ntion: 07/02/10 Document number: P100000555	34
5. The name and street address of Florida Department of State: (I	f the current registered agent and registered office on file with the if resigned, enter resigned)	
ANTONIO CA	CACE	
1420 HIGHW	AY 41 NORTH, UNIT 20	<b>器</b> 心 士
INVERNESS,	FL 34450	O SEP
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or registered office	ARY OF
ANTONIO CA	CACE	25 N
_1546_HIGHW	AY 41 NORTH, UNIT 20 P.O. Box NOT acceptable	
INVERNESS,	FL 34450	
The street address of its register as changed will be identical.	red office and the street address of the business office of its regis	stered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted by its board of directors or by an office corporation has been notified in writing of the change.	er so
x Coco et de Signature of an officer or direct	M O ome ANTONIO CACACE, PRESIDENT	<u>r</u>
I further agree to comply with to of my duties, and I am familiar document is being filed merely is corporation has been notified in	<b>7</b> - · -	performance it. Or, if this firm that the
Signature of Registered A	9/5/10 Date	<del></del>
If signing on behalf of an entity		
ANTONIO CACACE Typed or Printed Name		
Types of Finites Name		

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