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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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2021 CCT 29 FH 0: 56

RAROCHS

HOV 0 1 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE :

170804

7644314

AUTHORIZATION (

COST LIMIT

ORDER DATE: October 27, 2021

ORDER TIME : 2:54 PM

ORDER NO. : 170804-054

CUSTOMER NO:

7644314

CHANGE OF AGENT

NAME: GREENWAY ITALIAN IMPORTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

| statement of cha | mge is submitted for a corpor | 02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of FL ce or registered agent, or both, in the State of Florida. | |
|---|--|---|--|
| 1. The name of | the corporation: GREENWAY | TTALIAN IMPORTS, INC. | |
| | | DNIAL DR ORLANDO, FL 32817 | |
| 3. The mailing a | address (if different): 9001 EA | AST COLONIAL DR ORLANDO, FL 32817 | |
| 4. Date of incor | poration/qualification: 11/30 | /2010 Document number: P10000097059 | |
| | d street address of the current rtment of State: (If resigned, c | registered agent and registered office on file with the enter resigned) | |
| | LOWMAN, JR., WILLIAM R. | , ESQ. SHUFFIELD, LOWMAN, & WILSON, P.A. | |
| | 1000 LEGION PLACE, SUITE 1700 | | |
| | ORLANDO | FL 32801 | |
| 6. The name and (if changed): | d street address of the new reg | gistered agent (if changed) and /or registered office | |
| | <u></u> | | |
| | 1201 Hays Street P.O. Box NOT acceptable | | |
| | Tallahassee | FL 32301 | |
| The street addreas changed will | ess of its registered office and be identical. | d the street address of the business office of its registered agent. | |
| Such change was authorized by the | as authorized by resolution d he board, or the corporation l | uly adopted by its board of directors or by an officer so has been notified in writing of the change. | |
| X. | Jill Cilmi, Vice President | | |
| (*) | re of an officer or director | Printed or typed name and title | |
| l further agree of my duties, an document is bei corporation has | the appointment as registere to comply with the provision and land according filed merely to reflect a confict of the proving of the Service Company | ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performance vept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change. | |
| 3, | Drace C-Kubly Jill Cilmi, Vice President | | |
| _ | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| | Asst. Vice President yped 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 CR2E045 (04/13)