P11000035391

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COVER LETTER

TO: Amendmer Division of	nt Section f Corporations						
SUBJECT:	TAVERNA SA	ANTORINI Corporation					
	ranie or c	orporunon					
DOCUMENT NU	MBER: P11	000035391					
The enclosed States	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all co	rrespondence concerning this matte	r to the following:	,				
•	GEORGIOS	ZENTEFIS					
•	Name of Co	ntact Person					
		INTORINI INC					
	Firm/C	ompany					
	4704 0000111						
		CREEK PKWY					
	7100	1033					
	MARGATE	F,FL 33063					
	City/State a	nd Zip Code					
		i@aaail aaaa					
_	tavernasantorir E-mail address: (to be used for f	il@gmail.com	action				
	E-man address. (to be used for f	uture amiuai report nouri	cattony				
For further information	tion concerning this matter, please	call:					
	RGIOS ZENTEFIS	at (954)	445-0533				
Nam	ne of Contact Person	Area Code & Daytin	445-0533 ne Telephone Number				
Enclosed is a \$35.00	0 check made payable to the Depart	ment of State.					
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Sec	ction				
	Division of Corporations	Division of Cor	_				
	P.O. Box 6327	Clifton Buildin	_				
	Tallahassee FI 32314	2661 Executive	Center Circle				

Tallahassee, FL 32301

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

-			607.1508, or 617.1508, Flo d under the laws of the Sta	
			d agent, or both, in the Stat	
1. The name of t	he corporation: TAVE	RNA SANTO	RINI INC .	
	office address: 4437 L' CREEK FL 33073	YONS ROAD S	UITE E-104	
	ddress (if different): 47	O1 COCONUT	CREEK PARKWAY	
4. Date of incorp	ooration/qualification:	04-11-2011	Document number:	P11000035391
	street address of the curtiment of State: (If resign		at and registered office on f	ile with the
	GEORGIOS ZENT	EFIS		104404 <u>4 104444</u>
	5719 NW 79TH WA	λΥ		
	PARKLAND, FL 33	067		
6. The name and (if changed):	street address of the new	v registered agent (i	if changed) and /or register	ed office
	GEORGIOS ZENT	EFIS		
	4701 COCONUT C			
	MARGATE, FL 330	P.O. Box NOT acc	ceptable	
			dress of the business office	2000
Such change wa authorized by th	s authorized by resolution board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so
Signatur	e of an officer or director		neogis Zen	iters PSTD
I hereby accept if further agree to of my duties, and document is being corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, T	y. d complete performance istered agent. Or, if this hereby confirm that the
1	nuto		4-2	5-2011
•	ature of Registered Agent		Date	
If signing on bel	nait of an entity:			
Ту	ped or Printed Name	· · · · · · · · · · · · · · · · · · ·		

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