

P12000028348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

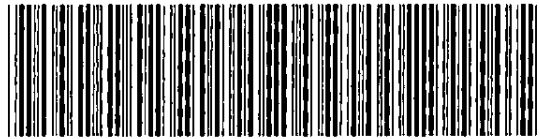
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DEPIETROS PIZZERIA AND RESTAURANT INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000028348

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:

ROBERT HERSHENHORN

Name of Contact Person

Firm/Company

149 SHEFFIELD G

Address

WEST PALM BEACH, FL 33417

City/State and Zip Code

RGHERSH@YAHOO.COM

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

For further information concerning this matter, please call:

ROBERT HERSHENHORN

Name of Contact Person

at (561) 797-9144

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

1. The name of the corporation: DEPIETROS PIZZERIA AND REATAURANT INC
2. The principal office address: 2550 OKEECHOBEE BLVD; WEST PALM BEACH, FL 33409
3. The mailing address (if different): 4490 PORTOFINO WAY #210; WEST PALM BEACH; FL 33409
4. Date of incorporation/qualification: 03/21/2012 Document number: P12000028348
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)

GOERGE LAMBO

2798 FAWN DRIVE

LOXAHATCHEE, FL 33470

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

CHRISTOPHER ROONEY

4490 PORTOFINO WAY #210

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

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

CHITOPHER ROONEY , PRESIDENT

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

08/30/2023

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)