

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 170804 7644314

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : October 27, 2021

ORDER TIME : 2:35 PM

ORDER NO. : 170804-021

CUSTOMER NO: 7644314

CHANGE OF AGENT

NAME: EL PASO 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

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

1. The name of the corporation: EL PASO ITALIAN IMPORTS, INC.

2. The principal office address: 9001 EAST COLONIAL DRIVE ORLANDO, FL 32817

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/23/2013 Document number: P13000078597

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)

LOWMAN, JR., WILLIAM R., ESQ. SHUFFIELD, LOWMAN & WILSON, P.A.

1000 LEGION PLACE, SUITE 1700

ORLANDO FL 32801

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee FL 32301

2021 OCT 29 AM 9:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Jill Cilmi
Signature of an officer or director

Jill Cilmi, Vice 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.

Corporation Service Company

By: Grace E. Kirby
Signature of Registered Agent

Jill Cilmi, Vice President
Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President
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