

P14000056533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

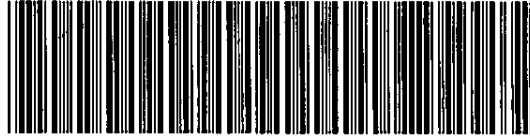
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500268696565

02/02/15--01030--011 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB -2 PM 1:33

FEB 06 2015
T. CARTER

**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: PITA KING OF THE PALM BEACHES, INC.
2. The principal office address: 444 WEST RAILROAD AVE. # 100
WEST PALM BEACH, FL 33401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/01/2015 Document number: P14000056533
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)

SHIMON E TOOBOL
11694 PARADISE COVE LANE
WELLINGTON, FL 33449

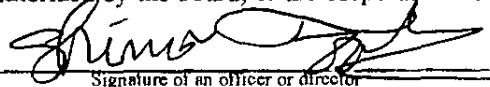
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RAMI ATTIAS
11694 PARADISE COVE LANE
P.O. Box NOT acceptable
WELLINGTON, FL 33449

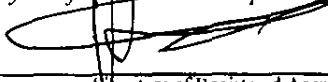
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB - 2 PM 1:33

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.

 SHIMON TOOBOL
Signature of an officer or director 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.

 RAMI ATTITAS
Signature of Registered Agent Date

If signing on behalf of an entity:

*
Typed or Printed Name

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