

P16000008444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

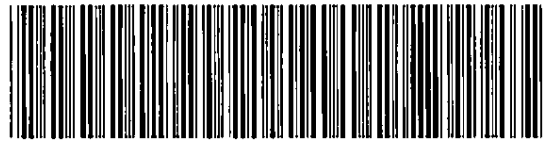
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Socio Accomandatario Due Inc.
Name of Corporation

DOCUMENT NUMBER: P16000008444

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:

Jeffrey Farwell

Name of Contact Person

Big Time Restaurant Group Corp.

Firm/Company

400 Clematis Street, Suite 205

Address

West Palm Beach, FL 33401

City/State and Zip Code

barbara@bigtimerestaurants.com

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

For further information concerning this matter, please call:

Jeffrey Farwell

Name of Contact Person

at (561) 659-1940

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: Socio Accomandatario Due Inc.
2. The principal office address: 400 Clematis Street, Suite 205, West Palm Beach, FL 33401

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/25/2016 Document number: P16000008444

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)

Fox Rothschild LLP
222 Lakeview Avenue, Suite 700
West Palm Beach, FL 33401

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

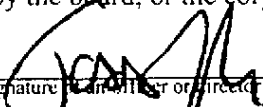
Herbst, Todd
400 Clematis Street, Suite 205
West Palm Beach, FL 33401

P.O. Box NOT acceptable

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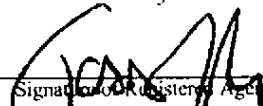
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 Director or Officer

Todd Herbst
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

10/25/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: 635.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314