P18000000 764

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: villa italia restaurant inc.

Name of Corporation

DOCUMENT NUMBER: P1800000764

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:

eugenio rizzo

Name of Contact Person

villa italia restaurant inc

Firm/Company

2808 10th st w

Address

palmetto fl, 34221

City/State and Zip Code

eugenior1318@gmail.com

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

For further information concerning this matter, please call:

eugenio rizzo at 941 592-7979

Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida St rganized under the laws of the State of flo rgistered agent, or both, in the State of Fl	orida
1. The name of t	he corporation: villa italia resta	ost palmetto fl 34221	
2. The principal	office address: 2808 10th st w	est pairietto ii 54221	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/01/18 Document number: P1800000764		
	l street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with igned)	h the
	tommaso rizzo 417 67th st nv	v bradenton fl 34209 resigned	
			2019
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	<u>.</u>
	eugenio tommaso rizzo 2808	10th st w palmetto fl 34221	- i) Pii 4: 0 ⁴
P.O. B		NOT acceptable	#-
The street addre	ess of its registered office and the str be identical.	reet address of the business office of its	registered agent,
Such change wa		pted by its board of directors or by an of	
	Signature of an officer or director tommaso rizzo Printed or typed name and title		
l furthér agrée t nevformance of	my duities, and Lam familiar with a	t and agree to act in this capacity, statutes relative to the proper and comp nd accept the obligation of my position of reflect a change in the registered office ed in writing of this change.	us revistered
		5/5/2019	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	nmaso rizzo		
Ty	ped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35,00 * * *