

P18000028192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

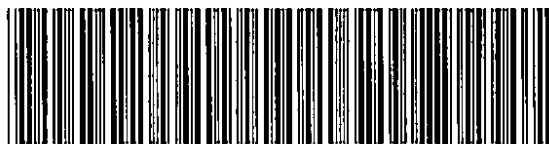
(Business Entity Name)

(Document Number)

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18 JUL 30 AM 8:15

STATE
TALLAHASSEE, FLORIDA

AUG 02 2018
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE ADDRESS**

Name of Corporation

DOCUMENT NUMBER: **P18000028192**

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:

MICHELLE ZHANG

Name of Contact Person

ZHENZHONG ACCOUNTING USA LLC

Firm/Company

112 BOWERY 1FL

Address

NEW YORK, NY 10013

City/State and Zip Code

MICHELLE@ZZAUSA.COM

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

For further information concerning this matter, please call:

MICHELLE ZHANG

Name of Contact Person

3475650516
at ()
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**

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: PHILLY STEAK & WINGS II INC.
2. The principal office address: 2430 US HIGHWAY 27 STE 380, CLERMONT FL 34714
3. The mailing address (if different): 112 BOWERY 1FL, NEW YORK, NY 10013
4. Date of incorporation/qualification: 03/23/2018 Document number: P18000028192
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)

JOHN MAN

39859 HIGHWAY 27

DAVENPORT, FL 33837

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

JOHN MAN

2430 US HIGHWAY 27 STE 380

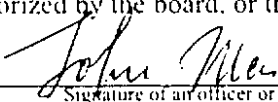
P.O. Box NOT acceptable

CLERMONT, FL 34714

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18 JUL 30 AM 8:15
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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.

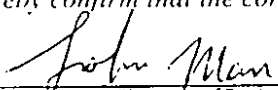
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JOHN MAN

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

07/24/2018

Date

If signing on behalf of an entity:

JOHN MAN

Typed or Printed Name

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