## P19000014019

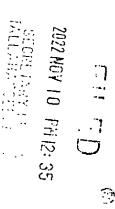
(Re	equestor's Name)	<del></del>
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
J. HORNE		
	FEB	- 7 2023





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11/19/22--01005--022 \*\*35.00



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

177 FICIOUS INC		
SUBJECT: IZZ-LICIOUS. INC. Name of Corporation	<del></del>	
DOCUMENT NUMBER: P19000014019		
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Rolando Santiago		
Name of Contact Person		
RJS LAW GROUP		
Firm/Company		
306 N US Hwy 41		
Address		
Ruskin, FL 33570		
City/State and Zip Code		
Roland@RJSLawGroup.con	n	
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter,	please call;	
Rolando	at ( 813 ) 641-0010	
Name of Contact Person	at (813 ) 641-0010 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	e Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuinge is submitted for a corporation organized under the laws of the State of FLOI To change its registered office or registered agent, or both, in the State of Floric	RIDA	
	he corporation: IZZ-LICIOUS, INC.		
	office address: 2807 N. COTE DRIVE PALM HARBOR, FL 34684	•	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 02112019 Document number: P19000014019	<del>)</del>	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	e	
	SANTIAGO, ROLANDO J, ESQ.		
	240 APOLLO BEACH BLVD APOLLO BEACH, FL 33572		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETARY FALL ABAS, E	2022 NOV 10
	SANTIAGO, ROLANDO J, ESQ.	· · · · · · · · · · · · · · · · · · ·	3
	P.O. Box NOT acceptable		) PHI2: 35
The street addre	ss of its registered office and the street address of the business office of its reg be identical.	istered	agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so	
Signatur	e of an officer or director  Printed or typed name and title		
-	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complet d I am familiar with and accept the obligation of my position as registered agong filed merely to reflect a change in the registered office address. I hereby cobeen notified in writing of this change.	e perfor ent. Or enfirm th	mance if this at the
	1/4/23		
Signing on be	half of an entity:		
Ту	rped 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 \* \* \*