P19000078558

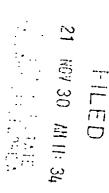
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Office Use Only



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T. LEMIEUX

COVER LETTER

TO:

Amendment Section Division of Corporations

| BADIC DANIELM LICENCING A CUMPLUS | · MC | | | | |
|---|---|--|--|--|--|
| SUBJECT: PARIS BANH MI LICENSING & SUPPLIES Name of Corporation | 5 INC | | | | |
| DOCUMENT NUMBER: P19000078558 | | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter | r to the following: | | | | |
| HIEN TRAN | | | | | |
| Name of Contact Person | | | | | |
| PARIS BANH MI LICENSING & SUPPLIES INC | | | | | |
| Firm/Company | | | | | |
| 198 MELTON AVE | | | | | |
| Address | | | | | |
| AUBURNDALE, FL 33823 | | | | | |
| City/State and Zip Code | - | | | | |
| PBMLICENSINGSUPPLIES@GM | | | | | |
| E-mail address: (to be used for future annual repo | rt notification) | | | | |
| | | | | | |
| For further information concerning this matter, please | call: | | | | |
| HIEN TRAN | at (714)271-5963 Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Depart | rtment of State. | | | | |
| Mailing Address: | Street Address: | | | | |
| Amendment Section | 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, nge is submitted for a corporati r to change its registered office | ion organized | under the laws of the State | e of FLORIDA | | |
|--|---|---|---|--|----------------------------|--|
| | 0 0 | ~ | | e of Fortale. | | |
| 1. The name of t | he corporation: PARIS BANH N | WILLICENSING | J & SUPPLIES INC | | | |
| 2. The principal | office address: 198 MELTON A | | NDALE, FL 33823 | | | |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | . Date of incorporation/qualification: 10/07/2019 Document number: P19000078558 | | | | | |
| | I street address of the current re- tment of State: (If resigned, ent- | - | and registered office on fi | ile with the | | |
| | CUONG DOAN (RESIGNED) | | | | | |
| | 21221 LAKE TALIA BLVD | | | | | |
| | LAND O LAKES, FL 34638 | | | | | |
| 6. The name and (if changed): | street address of the new regist | tered agent (if | changed) and /or registere | ed office | | |
| | HIEN TRAN | | | 21 | | |
| | 198 MELTON AVE | | | NOV 30 | 71 | |
| | | P.O. Box NOT | acceptable | 30 | | |
| | AUBURNDALE, FL 33823 | | | | J | |
| The street address changed will | ess of its registered office and t be identical. | the street addr | ess of the business office | of its registered a | igent, | |
| Such change was authorized by | es authorized by resolution dul ny board or the corporation ha | ly adopted by s been notified | its board of directors or b d in writing of the change | by an officer so | | |
| + | ti Kan | | HIEN TRAN - OWNER | ٦ | | |
| | re of an officer or director | | Printed or typed name | | | |
| I further agrèe of my duties, an document is bei | the appointment as registered to comply with the provisions of all am familiar with and acceping filed merely to reflect a chast been notified in writing of this | of all statutes of the obligati ange in the reg | rce to act in this capacity relative to the proper and on of my position as regingistered office address, I |), d complete perforn stered agent. Or, hereby confirm th | nance if this at the | |
| + | TRAM | | 11/15/2021 | | | |
| Sig | nature of Registered Agent | | Date | | | |
| If signing on bo | chalf of an entity: | | | | | |
| т | yped 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 * * *