

P9400018/60

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

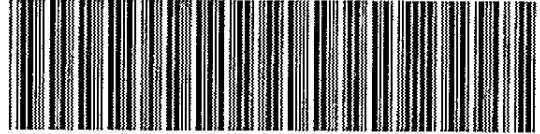
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400104215074

01/15/07 01023 011 \*435.00

FILED /  
07 JUL 30 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

COVER LETTER

TO: Registration Section  
Division of Corporations  
SUBJECT: Flaminia's Famous Italian Kitchen, Inc  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: 994000018160

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Carminc Murano  
(Contact Person)  
Flaminia's Famous Italian Kitchen, Inc.  
(Firm/Company)  
1800 Via Capri  
(Address)  
Merritt Island FL, 32952  
(City, State and Zip Code)

For further information concerning this matter, please call:

Linda Murano at (321) 453-7482  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2007

CARMINE MURANO  
1800 VIA CAPRI  
MERRITT ISLAND, FL 32952

SUBJECT: FLAMINIA'S FAMOUS ITALIAN KITCHEN, INC.  
Ref. Number: P94000018160

We have received your document for FLAMINIA'S FAMOUS ITALIAN KITCHEN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 907A00040506

RECEIVED

07 JUL 30 AM 8:00

DIVISION OF CORPORATIONS

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Flaminia's Famous Italian Kitchen  
2. The principal office address: 1800 Via Capri  
Merritt Island, FL 32952  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/2/94 Document number: 994000018160

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Julius Brand  
80 Queensland Ave  
Merritt Island, FL 32953

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

Carmine Murano  
1800 Via Capri  
(P.O. Box NOT acceptable)  
Merritt Island FL 32952

FILED  
07 JUL 30 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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]  
(Signature of an officer or director)

Julius Brand President  
(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]  
(Signature of Registered Agent)

7/22/07  
(Date)

If signing on behalf of an entity:

Julius Brand  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)