

PA7000 063 989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

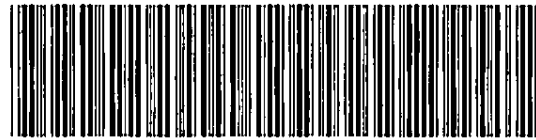
(Document Number)

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

Special Instructions to Filing Officer:

623, 611

Office Use Only



700335541177

10/17/19--01012--003 \*\*35.00

FILED  
19 DEC 19 PM 2:45  
ST. JOHN'S COUNTY  
TALLAHASSEE, FLORIDA

DEC 20 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

DEMETRI GEORGIOPOULOS  
GRANDAMA SALLY'S RESTAURANT, INC  
10971 AVANA WAY 109  
TRINITY, FL 34655

SUBJECT: GRANDMA SALLYS RESTAURANT, INC.  
Ref. Number: P97000063989

We have received your document for GRANDMA SALLYS RESTAURANT, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 619A00022919

3

REC-1119  
2019 DEC 19 P112:33

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Grandma Sally's Restaurant, Inc.  
Name of Corporation

DOCUMENT NUMBER: P97000063989

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:

Demetri Georgiopoulos

Name of Contact Person

Grandma Sally's Restaurant, Inc.

Firm/Company

10971 Avena Way 109

Address

Trinity, FL 34655

City/State and Zip Code

lois@mccarthyaccounting.us

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

For further information concerning this matter, please call:

Demetri Georgiopoulos

Name of Contact Person

at ( 727 ) 846-7223

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: Grandma Sally's Restaurant, Inc.
2. The principal office address: 5332 Grand Blvd  
New Port Richey, FL 34652
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/22/1997 Document number: P97000063989

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)

Frank J Kontis

5135 US Hwy 19 N Apt 199

New Port Richey, FL 34652

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

Demetri Georgiopoulos

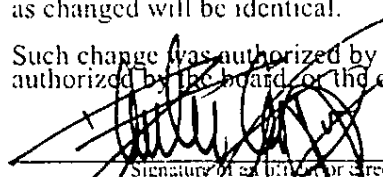
10971 Avana Way 109

P.O. Box NOT acceptable

Trinity, FL 34655

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 officer or director

Demetri Georgiopoulos PD

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

11/2/19  
Date

If signing on behalf of an entity:

Demetri Georgiopoulos

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