

V67838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

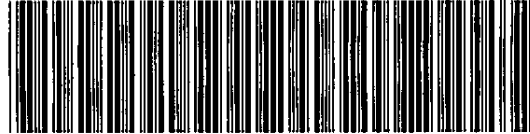
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T. LEMIEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SHUTTLE PIZZA INC.  
Name of Corporation

DOCUMENT NUMBER: V67838

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:

WILLIAM D. BLALOCK  
Name of Contact Person

Firm/Company

P.O. BOX 410517  
Address

MELBOURNE, FL. 32941  
City/State and Zip Code

~~DAN @ DSCPAFL.COM~~ W053  
E-mail address: (to be used for future annual report notification)

SHUTTLEPIZZA @ BELL SOUTH.NET

For further information concerning this matter, please call:

WILLIAM BLALOCK at ( 321 ) 795-5609  
Name of Contact Person 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 FL. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHUTTLE PIZZA, INC.
2. The principal office address: 9122 GRIFFIN RD.  
COOPER CITY, FL. 33328
3. The mailing address (if different): P.O. BOX 410517  
MELBOURNE, FL. 32941
4. Date of incorporation/qualification: 10/1/92 Document number: V67838
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)

WILLIAM D. BIALOCK III  
4565 LAKE WASHINGTON RD.  
MELBOURNE, FL. 32934

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

D+S MANAGEMENT  
9122 GRIFFIN RD.  
P.O. Box NOT acceptable  
COOPER CITY, FL. 33328

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.

William D. Bialock III  
Signature of an officer or director

WILLIAM D. BIALOCK III  
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.

William D. Bialock III  
Signature of Registered Agent

5/6/16  
Date

If signing on behalf of an entity:

WILLIAM D. BIALOCK III  
Typed or Printed Name

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