M79716

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TALL ANASSET FLORIDA

C. LEWIS

MAY 2 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine

cmartin0@cscinfo.com

Date: April 23, 2014

Order#: 098281/001

Re: FOOD SERVICE SALES & MARKETING ASSOCIATES INC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Chelsey Martine

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office. INCA.XCOA

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

	•		502, 607.1508, or 617.1508, Flori		S	
			unized under the laws of the State stered agent, or both, in the State			
	- }					٠
The name of the corporation: FOOD SERVICE SALES & MARKETING ASSOCIATES, INC. The principal office address: 5201 W LAUREL STREET, TAMPA, FL 33607						
2. The principal	l office address:	OZOT W ENORGE OTTE	11, 17441 74, 12 00007		:	
	; 	DO DOV 40400 To	ANADA EL 22670			
3. The mailing	address (if differ	rent): PO BOX 18426 17	AMPA, FL 33679			
	·	05/00/4000	N70	716		
4. Date of incor	poration/qualific	cation: 05/03/1988	Document number: M797			
		of the current registered (If resigned, enter resign	agent and registered office on filened)	e with the		
	GOODWIN, JA	AMES WESQ				
	201 N FRANK	LIN STREET SUITE 20	00			
	TAMPA		FL 33602	TAL.	7	
6. The name and (if changed):			ent (if changed) and /or registered	i office	14 APR 25 P	F1.E1
	Corporation Se	ervice Company			유 모	
	1201 Hays Str	reet		,	 ω	
		P.O. Box NO)T acceptable		,	
	Tallahassee .		FL 32301			
	:		t address of the business office o		agent,	
authorized by t	he board, or the	corporation has been n	ed by its board of directors or by otified in writing of the change.	an officer so		
			Dona Priebe, Vice President			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with a	nt as registered agent a the provisions of all sta I am familiar with and being filed merely to re ation has been notified	Printed or typed name and agree to act in this capacity tutes relative to the proper and accept the obligation of my posifiect a change in the registered of in writing of this change.	complete	red I	
By:	in anen	Jest Control of the C	04/17/2014			
	gnature of Registered	Agent	Date			
If signing on be	ehalf of an entity	y:				
	t, Assistant Vice					
Т	Typed or Printed Name		TR 025 00 4 4 4			
	"	* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314