## V59030

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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SCERLIARY OF SIMIL SIGN OF CORPORATIONS

AUG 5 2016 C LEWIS

## **COVER LETTER**

Amendment Section TO: Division of Corporations

ANCHOR RESTAURANT SUPPLY, INC. Name of Corporation

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:

Theresa Vlasic Name of Contact Person Anchor Restaurant Supply, Inc. Firm/Company 150 Venus St. Ste 306 Address Jupiter, FL 33458

City/State and Zip Code

anchorrs@bellsouth.net

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

For further information concerning this matter, please call:

744-2065, ext 101 Theresa Vlasic Area Code & Daytime Telephone Number Name of Contact Person

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stati Inge is submitted for a corporation organized under the laws of the State of Floti		is	
	r to change its registered office or registered agent, or both, in the State of Flori			
1. The name of t	the corporation: Anchor Restaurant Supply, Inc.			
	office address: 150 Venus St, Ste 6, Jupiter, FL 33458			
<u></u>				
3. The mailing a	address (if different): 150 Venus St, Ste 306, Jupiter, FL 33458			
4. Date of incorp	poration/qualification: 08/18/1992 Document number: V59030			
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	ne		
	John W Miller			
	612 N Orange Ave, Suite C			
	Jupiter, FL 33458	20	×	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		2016 JUL 29	SLUBE TAR	
	Michael Frey			
	150 Venus Street, Suite 306	PH 4: 0	S IAI ORAI	
	P.O. Box NOT acceptable  Jupiter, FL 33458	0 =	<b>™</b>	
The street addre	ess of its registered office and the street address of the business office of its registerial.	gistered	l agent,	
Such change wa authorized by th	es authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
Michael Frey				
I hereby accept I further agree t	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complet my duties, and I am familiar with and accept the obligation of my position as a complet is being filed merely to reflect a change in the registered office and that the corporation has been notified in writing of this change.	e register ldress,	red I	
) N	Michael Frey  Date  Date			
If signing on bel	T			
m: oh-	of 11 Feel			
L'HUJOK	vped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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