

188142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

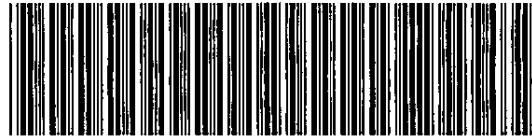
(Document Number)

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2016 OCT 28 PM 3:53  
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OCT 28 2016

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Food Service, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 188142

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:

Peg O'Connor

Name of Contact Person

Turner O'Connor Kozlowski, PL

Firm/Company

102 N.W. Second Avenue

Address

Gainesville, FL 32601

City/State and Zip Code

peg@turnerlawpartners.com

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

For further information concerning this matter, please call:

Peg O'Connor

Name of Contact Person

at ( 352 ) 372-4263

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2016

PEG O' CONNOR  
TURNER O'CONNOR KOZLOWSKI, PL  
102 N.W. SECOND AVENUE  
GAINESVILLE, FL 32601

SUBJECT: FLORIDA FOOD SERVICE, INC.  
Ref. Number: 188142

We have received your document for FLORIDA FOOD SERVICE, 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):

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 316A00022107

RECEIVED  
16 OCT 28 PM 3:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
MAIL CHIEF OF BUREAU

Date Received:	10-21-16	Wdx #:	219766
Scanned by/No Pages:	mlr-4	Atty Reviewed:	
Dropbox:	CaseMap	WdxProject:	
Calendar/Tickle:		CM/ECF-E-filed:	
CC Client:		Turner O'Connor Kozlowski, P.L.	

**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: Florida Food Service, Inc.
2. The principal office address: 5201 N.E. 40th Terrace, Gainesville, FL 32609
3. The mailing address (if different): Post Office Box 5247, Gainesville, FL 32627
4. Date of incorporation/qualification: 10/01/1955 Document number: 188142
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)

Joel S Islam

1724 N.W. 51st Terrace

Gainesville, FL 32605

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

Peg O'Connor

Turner O'Connor Kozlowski, PL

P.O. Box NOT acceptable

102 N.W. Second Avenue, Gainesville, FL 32601

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 an officer or director

Joel S. Islam, 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

10.20.2016

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)

FILED  
2016 OCT 28 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA