193253

Requestor's Name

ACOSTA SALES CO., INC.
P.O. BOX 19309
JACKSONVILLE, FL 32245-9309

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ______________________ (Corporation Name) ______________ (Document #)
2. ______________________ (Corporation Name) ______________ (Document #)
3. ______________________ (Corporation Name) ______________ (Document #)
4. ______________________ (Corporation Name) ______________ (Document #)

97 MAR 24 AM 8:52
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

☐ Walk in ☐ Pick up time ________ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
✓	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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-03/24/97--01163--005
*****35.00 *****35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

TLL MAR 2 _ 1997

Examiner's Initials	

CR2E031(1/95)

Florida Department of St te, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation is: Acosta Sales Co., Inc., A Florida Corporation

2. The mailing address of the corporation is : 6850 Belfort Oaks Place, Jacksonville, FL 32216

3. Date of incorporation/qualification: 1956 Document number: ______

4. The name and address of the current registered agent and office:

Delmer W. Dallas
8090 Hunters Grove Road
Jacksonville, FL 32256

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Michael K. Diaz
℅ Acosta Sales Co., Inc.
~~1650~~ 6850 Belfort Oaks Place
Jacksonville, FL 32216

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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.

[signature] 3/12/97
(Signature of an officer, chairman or vice chairman of the board) (Date)

Michael K Diaz Secretary / Treasurer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[signature] 3/12/97
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael K Diaz Secretary / Treasurer
(Typed or Printed Name) (Capacity)

CR2E045(1/95)

FILING FEE: $35.00