## 458497

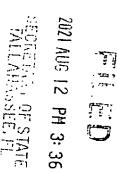
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WRIGHT, FULTORD, MOORHEAD & BROWN ALTORNEYS

WRIGHT, TULLORD, MOORHEAD & BROWN, PA 505 MAIITAND AVENUE // SUITE 1000 / ALLAMONTE SPRINGS, EL 32701 407-425-0234 PHONE // 407-425-0260 LAX // www.midlaw.com

August 10, 2021

Via U.S. Mail

Division of Corporations Attn: Amendment Section Post Office Box 6327 Tallahassee, FL 32314

Re: Brandywine Delicatessen, Inc.

Our File Number: 335-8

To Whom It May Concern:

Enclosed please find a Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding the above-referenced matter. Also enclosed is my firm's check number 13805 in the amount of \$35.00 for the filing fee of same. Please process the request at your earliest convenience.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

D. Frank Wright <u>fwright@wfmblaw.com</u>

DFW/tnr Enclosures

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Propherina Dalientessan, Inc.			
SUBJECT: Brandywine Delicatessen, Inc. Name of Corporation			
DOCUMENT NUMBER: 458497			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
D. Frank Wright			
Name of Contact Person			
Wright, Fulford, Moorhead & Brown, P.A.			
Firm/Company			
505 Maitland Avenue, Suite 1000			
Address			
Altamonte Springs, FL 32701			
City/State and Zip Code	<del></del>		
fwright@wfmblaw.com			
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter, [	please call:		
D. Frank Wright	21 (407 ) 425-0234		
Name of Contact Person	at (407 ) 425-0234  Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
1 The name of t	he corporation: Brandywine Delicatess	en, Inc.	
	office address: 675 Bent Oaks Drive, B		
3. The mailing a	ddress (if different): Box 686, Earlysvi	lle. VA 22936	
4. Date of incorp	oration/qualification: 07/24/1974	Document number: 458497	
5. The name and		d agent and registered office on file with the	<del>~</del> 2
	Donald F. Wright	ZŠ.	021 /
	501 Maitland Avenue	- 5.1 - 5.7 - 5.7	1021 AUG 12
	Altamonte Springs, FL 32701		2 PH
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	∰ છું છું 36
	Wright, Fulford, Moorhead & Brown, F	P.A., Attention: D. Frank Wright	
	505 Maitland Avenue, Suite 1000		
	P.O. Altamonte Springs, FL 32701	Box NOT acceptable	
The street addre	ss of its registered office and the stre be identical.	et address of the business office of its regist	ered agent,
Such change wa authorized by th	s authorized by resolution duly adop e board or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	so
j		D. Frank Wright, attorney-in-fact	
(	e of an officer or director	Printed or typed name and title	
of my duties, and document is bei	the appointment as registered agent ocomply with the provisions of all standard accept the only filed merely to reflect a change in been notified in writing of this change.	latutes relative to the proper and complete publication of my position as registered agent the registered office address. Thereby confi	erformance Or, if this rm that the
		08/05/2021	
/-	httpe of Registered Agent	Date	<del>.</del>
D. Frank Wright	· · · · · · · · · · · · · · · · · · ·		
	ped or Printed Name		

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