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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/20/13

NAME:

THE ALLEN J. FOOD COMPANIES, INC

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

statement of cha	nnge is submitted for a	corporation organized i	7.1508, or 617.1508, Floi under the laws of the Stati agent, or both, in the Stati	e of New			
	-		I. FLOOD COME	•	INC.		
2. The principal	office address:			····			
	2 Madison Av	'e	Larchmont	NY	10538		
3. The mailing a	address (if different):						
	2 Madison Av	9	Larchmont	NY	10538		
4. Date of incorporation/qualification: February 4, 2000 Document number:				F000000	F00000000755		
	d street address of the crument of State: (If resign		and registered office on fi	le with the			
		NRAI Services,	Inc.				
		515 E. Park Ave	enue	ALL	13 SEP SECRET		
	Ta	llahassee, FL	32301	—	平20		
6. The name and (if changed):		ew registered agent (if a	changed) and /or registere	ed office	AM 8: 3		
	155 Office PI				0 P		
		P.O. Box NOT accepts	blc				
	Tallahassee,	FL 32301					
The street addre	ess of its registered offi be identical.	ice and the street addre	ss of the business office	of its register	ed agent,		
Such change was authorized by th	as authorized by resolu- te board, or the corpora	tion duly adopted by its ation has been notified	s board of directors or by in writing of the change.	an officer so	,		
Wulsignatu	re of an officer or director		Michael Flood / Of				
i jurtner agree t performance of agent. Or. if thi	o comply with the prov	visions of all statutes re miliar with and accept led merely to reflect a c	e to act in this capacity, lative to the proper and the obligation of my pos-	complete	tered s, I		
Sign	nature of Registered Agent		9/19/70	13			
_// V .	half of an entity:		1				
cv Rose. A	ssistant Secre	tarv					

Typed or Printed Name

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