

F030000000545

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM
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**REGISTERED AGENT CHANGE
CONTINENTAL CONCESSION SUPPLIES, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

**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 New York
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Continental Concession Supplies, Inc.
2. The principal office address: 250 Fulton Avenue, New Hyde Park, NY 11040
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/30/2003 Document number: F03000000545

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)

Lynn Tedesco
4601-100 Bulls Bay Hwy.
Jacksonville, FL 32219

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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.

Joanne McCarthy
Signature of an officer or director

Joanne McCarthy, Vice President

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.*

By: Anthony LiCausi
Signature of Registered Agent

04/28/2010

Date

If signing on behalf of an entity:

Anthony LiCausi, Vice President

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

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