

F14000003152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289683085

SEP 19 2016
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATION

SEP 19 2016
RECEIVED
TO BUREAU OF
SUFFICIENCY OF FILING

SEP 22 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2016

WOLTERS KLUWER / SUNSHINE CORP BOX

SUBJECT: DINEINFRESH, INC.
Ref. Number: F14000003152

*Please Rush if poss.
corrected.
Please never
original
rec'd date.
Thank you.*

We have received your document for DINEINFRESH, INC. and your check(s) totaling \$. 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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 416A00020128

RECEIVED
DEPARTMENT OF STATE
16 SEP 21 AM 9:30

Wolters Kluwer (put in Sunshine Corp Box)

850-656-4724

Entity Name:

DineInFresh, Inc.

Doc Number:

F14000003152

Account #

FCA-000000023

Please file and return plain copy!

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
Articles/Amends		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

9/16/2016

Order#: 10164625

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref#: _____

Amount: \$ \$ 35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DineInFresh, Inc.

Name of Corporation

DOCUMENT NUMBER: F14000003152

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:

Namrata (Tina) Mohanty

Name of Contact Person

DineInFresh, Inc.

Firm/Company

22 West 19th Street, 5th Floor

Address

New York, NY 10003

City/State and Zip Code

tina.mohanty@plated.com

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

For further information concerning this matter, please call:

Namrata (Tina) Mohanty 646 529-0813

Name of Contact Person at () 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

CR2E045 (03/12)

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

1. The name of the corporation: DineInFresh, Inc.
2. The principal office address: 22 West 19th Street, 5th Floor, New York, NY 10003

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/23/2014 Document number: F14000003152

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)

SHINDER, LANCE W, ESQ.

398 CAMINO GARDENS BLVD, SUITE 109

BOCA RATON, FL 33432

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

C T Corporation System

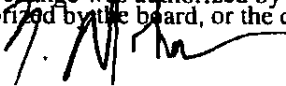
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Namrata (Tina) Mohanty; Secretary

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.

C T Corporation System
By: 

Signature of Registered Agent

9-19-16

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)

2016 SEP 19 AM 8:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS