

# FI40000005321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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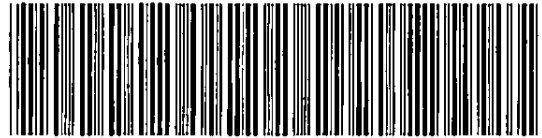
(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIDWEST FOOD BANK NFP, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F1400005321

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:

ROBERT C. MONK, ESQ.

Name of Contact Person

Firm/Company

PO BOX 900

Address

SANIBEL FL 33957

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT C MONK

Name of Contact Person

at ( 239 )

312-4280

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303