(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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O SIMMONS

CORPORATION SERVICE COMPANY

Tallhassee, FL 32301 Phone: 850-558-1500

1201 Hays Street

ACCOUNT NO. : 12000000195

REFERENCE : 341265-5

AUTHORIZATION

COST LIMIT : \$35.00

ORDER DATE : 07/02/2020

ORDER TIME : 12:12 pm

ORDER NO. : 341295-5

CUSTOMER NO: 4371937

CHANGE OF AGENT

NAME: J.E.S. RESTAURANT EQUIPMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson, ext 62968

EXAMINER'S INITIALS:

COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation	
DOCUMENT NUMBER: F19000001020	
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
MICHELSA CALDERON	
Name of Contact Person	
c/o TRIVEST PARTNERS	
Firm/Company	
550 S. DIXIE HIGHWAY, SUITE 300	
Address	
CORAL GABLES, FL 33146	
City/State and Zip Code	
MCALDERON@TRIVEST.COM	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please	call:
MICHELSA CALDERON	at (305) 858-2200
Name of Contact Person	at (305) 858-2200 Area Code & Daytime Telephone Numl

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of egistered agent, or both, in the State of Florida	
1. The name of t	he corporation: J.E.S. RESTAURAN	NT EQUIPMENT, INC.	
	office address: 2108 HWY 72 W, G		
3. The mailing a	ddress (if different): 11101 N 46 ST	Г, ТАМРА, FL 33617	
		Document number: F1900000102	0
5. The name and		ered agent and registered office on file with the	
	MICHELSA CALDERON		
	550 S. DIXIE HWY, SUITE 300		es Ga
	CORAL GABLES, FL 33146		29 JUL
6. The name and (if changed):	street address of the new registered	I agent (if changed) and /or registered office	1
	Corporation Service Company		8
	1201 Hays Street		8: 1:8
	P	O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the sbe identical.	treet address of the business office of its regis	stered agent,
Such change wa authorized by th	is authorized by resolution duly adde board, or the corporation has been	opted by its board of directors or by an office en notified in writing of the change.	r so
Carre	ldewar'	Michelsa Calderon, Assistant Secre	etary
Signatui	re of an officer or director	Printed or typed name and title	
I further agrée to of my duties, an document is beil corporation has	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha n Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered ager in the registered office address, I hereby con unge.	performance it. Or, if this firm that the
. ~	- · · · ·	07/02/2020	
- Juan	da E. Rhimer.	Date	
If signing on be	half of an entity:		
Amanda Robin	son, Assistant Vice President		
Try	sped or Printed Name		
	* * * FILING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)