G3547

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R.A.

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6/8/09

COVER LETTER

TO: Amendment Section Division of Corporate	ions				
SUBJECT:PET	TERBROOKE (CHOCOLATION Of Corporation	ER, INC.		
	Name	e of Corporation			
DOCUMENT NUMBER:_		G35471			
The enclosed Statement of C	hange of Registered	Office/Agent and	fee are submitt	ed for filing.	
Please return all corresponde	nce concerning this i	natter to the follow	ving:		
	G. Ala	n Howard, Esq.			
	Name o	of Contact Person			
Milam Howard Nicandri Dees & Gillam, P.A. Firm/Company					
	14 E	ast Bay Street			
		Address			
	Jacksoi City/St	nville, FL 32202 ate and Zip Code	2		
	•				
E mail a	ksmyklo@i ddress: (to be used	nilamhoward.co	om		
E-man a	idress; (to be used	for future annual	герогі поши	cation)	
For further information conce	erning this matter, pl	ease call:			
G. Alan	Howard	at (90	4)	357-3660	
Name of Cont	act Person	Area C	ode & Daytim	357-3660 e 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

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Floric I under the laws of the State of I agent, or both, in the State o	of Florida
1. The name of t	he corporation: Petert	rooke Choco	latier, Inc.	
2. The principal	office address: 2024 S	an Marco Blvd.	and the second s	
	Jackso	onville, FL 3220)7	
3. The mailing a	ddress (if different): P.C	D. Box 551260		
	Jac	ksonville, FL 3	2255	
4. Date of incorp	oration/qualification:	4/22/1983	_ Document number:	G35471
	street address of the cur tment of State: (If resign		t and registered office on file	with the
	Ansbacher & Schn	eider, P.A.		
	Jacksonville, FL 3	2256		SECRETAR TALLAHASS
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registered	office SEE
	Milam Howard Nice	andri Dees & Gi	llam, P.A.	_ FLOT
	14 East Bay Street			33
		P.O. Box NOT acc	ceptable	T
	Jacksonville, FL 3			
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the business office of	of its registered agent,
Such change wa authorized by th	as authorized by resolutine foard, or the corporat	on duly adopted by tion has been notifi	y its board of directors or by ed in writing of the change.	an officer so
	of an othice or director		Printed or typed name a	
I hereby accept I further agree of my duties, at document is bei corporation had	the appointment as reg to comply with the provi of I am familiar with an ag filed merely to reflect been notified in writing	istered agent and a isions of all statute. I accept the obliga It a change in the re g of this change.	gree to act in this capacity, s relative to the proper and tion of my position as regist egistered office address, I h	
	nature of Registered Agent	\leq -	5-27-0 Date	<u> </u>
6 ALAN	half of an entity: Howard yped or Printed Name			

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