

G68170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

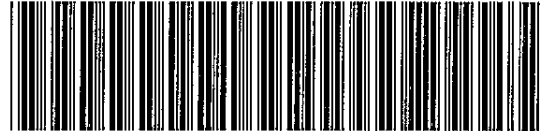
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

RAD chg  
MD 11/23



700040670817

11/15/04--01025--002 \*\*70.00

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA

04 NOV 15 PM 2:30

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Family Bakeries of Florida, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** G 68170

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:

Richard I. Glick  
(Name of contact person)

\_\_\_\_\_  
(Firm/Company)

7737 N. University Dr #104  
(Address)

Tamarac FL 33321  
(City/state and zip code)

For further information concerning this matter, please call:

Richard Glick at 954, 726-6407  
(Name of contact person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

1. The name of the corporation: Family Bakeries of Florida, Inc  
2. The principal office address: 7772 NW 44th Street  
Sunrise FL 33351  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/08/1983 Document number: 608170  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Danny Gorman  
12019 NW 50 Dr  
Coral Springs FL 33076

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 NOV 15 PM 2:30

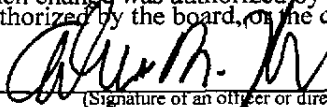
FILED

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

Barry M Sickles, Esq  
3300 University Dr, Suite 210  
(P.O. Box NOT acceptable)  
Coral Springs FL 33065

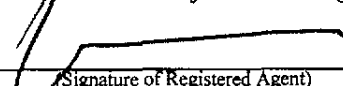
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Andrew M. Zepkin  
(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.*

  
(Signature of Registered Agent)

11/10/04  
(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