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Ro Change

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## Law Offices CASORIA & GOFF, P.A. Cy Casoria & Charles A. Goff 954-564-4600

Sam Caliendo: Of Counsel 954-418-8711

August 12, 2005

Secretary of State Corporate Division P. O. Box 6327 Tallahassee, FL 32314

Re: Mom's Kitchen, Inc.

Gentlemen:

Enclosed herewith please find the following:

- 1) Statement of Change of Registered Agent, which we would appreciate your filing.
  - 2) Check in the amount of \$35.00 to cover the cost of the filing fee.

Thank you for your kind cooperation.

very truly yours

S. M. Casoria, !!!

SMC/ses Encls.

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida istered agent, or both, in the State of Florida.		
1. The name of	the corporation: Mom's Kitchen, Inc.			
2. The principal	office address: 1940 N. E. 45 Street, C	Dakland Park, FL 33308		
3. The mailing a	address (if different): Same			
4. Date of incorp	poration/qualification: 1/20/84	Document number: G79599		
	d street address of the current registered rtment of State:	d agent and registered office on file with the		
	Casoria & Goff, P. A.			
	#600, 1040 Bayview Drive			
	Ft. Lauderdale, FL 33304			
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	07 MAY 24 PM 12: 5	
	Casoria & Goff, P. A.		24 ASSE	דורה
	#422, 1040 Bayview Drive		FG P	C
	(P.O. Box NOT acceptal Ft. Lauderdale, FL 33304	ne)	2: 5 STA: LOR	
The street address changed will	ess of its registered office and the stre	eet address of the business office of its regist	ēmi ω	
Such change wauthorized by the	as authorized by resolution duly adop he board or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	: so	
- Duni	nie of the officer or director)	George LaMonica (Printed or typed name and title)		
I further agrée of my duties, ar document is be	The appointment as registered agent to comply with the provisions of all si nd I am familiar with and accept the d ing filed merely to reflect a change in s been natified in writing of this chan	tatutes relative to the proper and complete p obligation of my position as registered agent the registered office address, I hereby confi	performance t. Or, if this irm that the	
	// (-	5/7/07		
	gnature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
S. M. Casoria	A, III Typed or Printed Name)			
	a pour or a terrou common			

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