

596238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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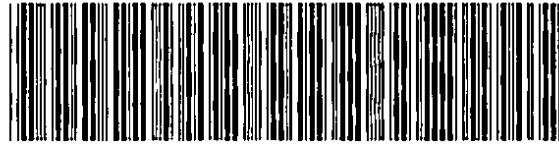
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Taste of the Classics, Inc.
Name of Corporation

DOCUMENT NUMBER: J96238

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:

William R Patterson

Name of Contact Person

Taste of the Classics, Inc.

Firm/Company

PO Box 10518

Address

Tampa, FL 33679

City/State and Zip Code

william@tropicalsweets.com

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

For further information concerning this matter, please call:

William R Patterson

Name of Contact Person

at (813) 326-2818

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**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: Taste of the Classics, Inc.
2. The principal office address: 4515 West Melrose Avenue, Tampa, FL 33629

3. The mailing address (if different): PO Box 10518, Tampa, FL 33679

4. Date of incorporation/qualification: 10/08/1987 Document number: J96238

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Patterson, William R
4201 West Santiago Street
Tampa, FL 33629

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

4515 West Melrose Avenue
P.O. Box NOT acceptable
Tampa, FL 33629

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.

William R. Patterson
Signature of an officer or director

William R Patterson P/S/T
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.

William R. Patterson
Signature of Registered Agent

10/04/2018
Date

If signing on behalf of an entity:

William R Patterson
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
CR2E045 (03/12)

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