42115

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SECRETARY OF STATE
TALL AHASSEF FLORIO

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COVER LETTER

Division of Corporations
SUBJECT: Sea Breeze Food Service, Inc. (Name of Corporation)
DOCUMENT NUMBER: L42115
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 J. Scott, Esquire (Name of Contact Person) The Law Office of William J. Scott, P.A. (Firm/Company)
1300 Riverplace Boulevard, Suite 601 (Address)
Jacksonville, Florida 32207 (City/State and Zip Code)
For further information concerning this matter, please call:
William J. Scott at (904) 398-9995 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

_	-	ns 607.0502, 617.050 r a corporation organ				-	
in orde	r to change its regi	stered office or regist	ered agent, or	both, in the S	tate of Flo	rida.	
1. The name of t	the corporation:	Sea Breeze Fo	od Servic	e, Inc.	<u>.</u>		
2. The principal	office address:	3807 Edgewood	Drive _				, Taga 44 -
	<u>. </u>	Jacksonville,	Florida	32254	<u>.</u>	<u> </u>	3
3. The mailing a	ddress (if different)	<u> </u>					_=
	<u> </u>			<u> </u>	· · ·	<u> </u>	-
4. Date of incorp	ooration/qualification	on: 1/8/90	Docum	ent number: _	L42115		
	l street address of the timent of State:	e current registered a	gent and regis	stered office of	n file with t	he	
	William J.	Scott					
	1301 River	place Boulevar	d. Suite	1609			
			2207			SECRI	71
6. The name and (if changed):	street address of th	e new registered ager	ot (if changed)	and /or regist	ered office	光 イ _	
	1300 River	place Boulevar	<u>d </u>	<u></u>		FLOF	
	Suite 601	(P.O. Box NOT acceptable)			<u></u>	A THE	36
	Incheonwil	le, Florida 3					
							
The street address changed will	ss of its registered be identical.	office and the street	address of the	e business off	ice of its re	egistered a	gent,
Such change was authorized by the	s authorized by res e board, or the corp	solution duly adopted poration has been no	l by its board tified in writi	of directors on of of the char	or by an off nge.	ficer so	
(Signatur	e of an officer of director	<u>•</u>	Micke	(Printed or typed	Skiff,	N A	widow
hereby accept to further agree to further agree to further agree to further, and tocument is being corporation has	the appointment as o comply with the p d I am familiar with ng filed merely to r been notified in wi	registered agent and provisions of all state h and accept the obli eflect a change in the riting of this change.	d acress to ac	t in this caree	riti.	ete perforn gent. Or, i confirm tha	rance if this it the
()	Dost L	-		8-28 (Date)	-06		. 5-
(Sign	nature of Registered Agen	it)		(Date)			
f signing on beb	nalf of an entity:						
					200 2	·	z
(Ty	(ped 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 (8/05)