

٠	(Requestor's Name)
•	(Address)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
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EXAMINER



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COVER LETTER

TO: Registration Division of	Section Corporations			
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SUBJECT:	Foodservice V Name o	entives, of Limited Liab	L. C.	
			miy company	
Dear Sir or Madam	:			
The enclosed Regis	tered Agent/Registered	d Office Chang	e and fee(s) are submitted for filing.	
Please return all con	respondence concerni	ng this matter t	o the following:	
Tina	20 hed			
- (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person			
AFS	Technologies Firm/Company	, lac.	<u> </u>	
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Thoen	City/State and Zip Code			
tina.	2 @ afei.com			
E-mail address: (to	z @ afsi. co~ be used for future annual repo	ort notification)		
For further informa	tion concerning this ma	atter, please cal	n:	
Tina	Zabel	at(402	2) 522-8282	
Name	of Person		Area Code & Daytime Telephone Number	
STREET/CO	OURIER ADDRESS:	м	AILING ADDRESS:	
Registration Section			egistration Section	
Division of Corporations Division of Corporations				
Clifton Build	Clifton Building P.O. Box 6327			
	ve Center Circle Florida 32301	Ta	ıllahassee, Florida 32314	
Enclosed is	a check for the follow	ving amount:	•	
\$25 Filin	g Fee	<u></u> \$	55 Filing Fee & Certified Copy	
INHS18 (5/08)	·			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Foodservice 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3/27/99 L98000000382 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: kurien Jacob Registered Agent: South Nova Rd Registered Office Address: Beach, FL 32174 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Pelican **NEW Registered Office Address:** (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member MESECLA BARA Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agres 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)