POO 000025758

Office Use Only



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08/24/20--01025--004 **35.00

SECRETARY OF STATE

1020 AUG 24 AM 9: 5

<1) 10/08/20

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Specialty Gournnet Brokers, Inc. Name of Corporation			
DOCUMENT NUMBER: P00000025758			
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Dennis McAuliffe			
Name of Contact Person	 		
Specialty Gourmet Brokers, Inc.			
Firm/Company			
331 Oleander Way, Suite 1021			
Address			
Casselberry, FL 32707			
City/State and Zip Code	 		
d.meauliffe.specialtyproduct	s@gmail.com		
E-mail address: (to be used for future annua	~~		
For further information concerning this matter,	please call:		
Dennis McAuliffe	ot (407 \) 765-0739		
Name of Contact Person	at (407) 765-0739 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	e Department of State.		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S or $\frac{1}{2}$	Florida	this	
		registered agent, or both, in the State of F	lorida.		
1. The name of	the corporation: Specialty Gourmet	Brokers, Inc.			
2. The principa	office address: 331 Oleander Way,	Suite 1021, Casselberry FL 32707			
3. The mailing	uddress (if different): N/A				
4. Date of incor	poration/qualification: 3/6/2000	Document number: P0000002	:5758		
5. The name an Florida Depa	d street address of the current regis	tered agent and registered office on file wit resigned)	th the		
	MCAULIFFE, KENNETH M - RE	SIGNED			
	331 OLEANDER WAY, SUITE 1021		io rot	20	
	CASSELBERRY, FL 32707		320	2020 AUG 24	rate."
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered offi	TARY OF	6 24 AM	
	MCAULIFFE, DENNIS P.		±r⊑ Co Etam	ڣ	<u></u>
	331 OLEANDER WAY, SUITE 10	21		56	
		P.O. Box NOT acceptable			
	CASSELBERRY, FL 32707				
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its	register	red ag	ent,
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an coen notified in writing of the change.	officer s	0	
Relinday	M Audiffe VSD	MELINDA MCAULIFFE, VSD			
Signalu Lherahy accont	the connectation of the conf	Printed or typed name and title			_
I hereby uccept I further agree to of my duties, an document is beil corporation has	the appointment as registered ago o comply with the provisions of all of I am familiar with and accept the ne filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and comp we obligation of my position as registered in the registered office address, I hereby ange.	olete per agent. v confiri	rforma Or. if n that	ince this the
Went.	Le Cuple	8/20/2020			
	nature of Registered Agent	Date	<u> </u>		
DENNIS P MCA	·				
	ped or Printed Name				

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