## Requester's Name Address City/State/Zip Phone # Corporation Name(s) & DOCUMENT NUMBER(s), (if known):

(Corporation Name) (Document #)	<u> </u>	
3	(Corporation Name)	-06/04/0101122002
(Corporation Name)  (Corporation Name)  (Corporation Name)  (Document #)  (Document #)  (Corporation Name)  (Document #)  (Document #)  (Corporation Name)  (Document #)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Document #)  (Corporation Name)  (Corporation N	(Corporation Name)	(Document #)
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  OTHER FILINGS REGISTRATION/QUALIFICATION  Annual Report Limited Partnership Reinstatement Trademark	3(Corporation Name)	(Document #)
Mail out	4(Corporation Name)	(Document #)
Profit Not for Profit Limited Liability Domestication Other  Change of Registered Agent Dissolution/Withdrawal Merger  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Profit Dissolution/Withdrawal Merger  Profit Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
Annual Report Fictitious Name  Foreign Limited Partnership Reinstatement Trademark	Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
	☐ Annual Report	Foreign Limited Partnership Reinstatement Trademark

Examiner's Initials

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

INS. INDERSIONED COMPORATION organized are desided by C. J. C
the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : Islamorada Village Gourmet, Inc.
2. The mailing address of the corporation: PO Box 147, Islamorada, FL 33036
3. Date of incorporation/qualification: <u>11/02/2000</u> Document number: <u>P00000103161</u>
4. The name and address of the current registered agent and office:
Dorothy Hertel
136 Seashore Drive
Islamorada, FL 33036
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Mary Andrews
99 Seaside Avenue, #5
Key Largo, FL 33037
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 anthorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board.
(Signature of an officer, chairman or vice chairman of the board)
Dorothy Hertel, Director (Printed or typed name and title)
daving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
Ma Coast
Grignature of Registered Agent) (Date)
signing on behalf of an entity:
Mary Andrews Director
(Typed or Printed Name) (Capacity)

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