DOCUMENT # P00000108715 1. Entity Name

THYME TO FEAST, INC.

Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90018 049 ***150.00

## STON PL 3327 2. Principal Prilings of Evaluations \$3.0 SW 2*** AVERUE \$3.0 SW 2*** Suite Apt #, 60. Cry \$ Suite **DON'T WRITE IN THIS SPACE **DON'T WRITE IN THIS S	Principal Place of Business			Mailing Address]				
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LUSKY, JEFFREY ESO 301 AIMERIA AVE, STE 945 CORAL GABLES FL 33134 8. The above named chilty submits this statement for the purpose of changing its registrated office or registrated agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its interrigiolo face make the Mark MAY 1, 2001 Fee will be \$55.00 Make Check Papable to Debate TRUE SUCHLICKI, MICHAEL STREET AIDRESS SITE A	Zip	Zip Country		Zíp Country		5. (Certificate of Status Desired \$8.75 Additional				
LUSKY, JEFFREY ESO 301 AIMERIA AVE, STE 345 CORAL GABLES FI. 33134 City FL Zin Code				tegistered Agent	<u> </u>		7. N	Name and Address of New Regi			
301 AIMERIA AVE, STE 345 CORAL GABLES FL 33134 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Signature hower or protest review or registered agent and the it appreadure required when reconstrictly DATE 9. This corporation is eligible to a satisfy its intangible Tax Miling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ON May Be Added to Fees State May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. Election Compaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees May Be Added to Fees State May Be Ad						Name					
CORAL GABLES FL 33134 City FL Zip Code				Stre		Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS ORTY-51-2P 9. SUCHLICKI, MICHAEL 1200 CHENILLE CIR WESTON F1 33327 TITLE D SUCHLICKI, LAURA 1200 CHENILLE CIR WESTON F1 33327 TITLE D SUCHLICKI, LAURA 1200 CHENILLE CIR WESTON F3 3327 TITLE NAME STREET ADDRESS ORTY-51-2P TITLE NAME STREET ADDRESS ORTY-51				,		 					
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9. This corporate from a face to organize special production to eligible to satisfy its Intanglible Task filling requirement and elects to do so. After MAY 1,201 Fee will be \$\$50.00	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 13. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 14. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 15. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 15. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 16. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 17. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 17. ADDITIONS/CHANGES TO OFFICERS 11. TI	SIGNATURE	Signature typed (of orinted name of registered agent an	d title if applicable (NOTE	Registere	d Agent signature	required when re	instating)	DATE	}	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

9-0797