## P00000111952



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Flora Food Distributors 1371 S.W. 8<sup>TH</sup> ST., POMPANO BEACH, FL 33069 (305) 374-2024 • (954) 785-3100 • (561) 734-5515

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12/10/01 Spanne RAIRO Change

FILED OI DEC -7 PM 2: 30 SECRETARY OF STATE IAGUAHASSEE, FLORID

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
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: Florida Cheese International Inc
2. The mailing address of the corporation: 1400 Siv 1 <sup>st</sup> Court, Pompano
Beach, FL 33069
3. Date of incorporation/qualification: 12/6/00 Document number: <u>P00000111952</u>
4. The name and address of the current registered agent and office:
Gregory Blodig, Esq
100 West Cypress Creek Road, Suite 700
Ft Laudurdate, FL 33309
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
John Flora
1400 SW 1st Court
Pompano Beach, FL 33069
The street address of its registered office and the street address of the business office of its registered is agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer set
11/10/01
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 obligation of my position as
registered agent.
(Signature of Registered Agent)
If signing on behalf of an entity:
John Flora President
(Typed or Prinfed Name) (Capacity)

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