P0/0009935

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		•
	<u> </u>	

Office Use Only



400074173284

05/08/06--01045--019 **35.00

profession of the second of th

O6 MAY -8 P.M 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	•
·	
SUBJECT: Meals International, Inc.	
(Name	of Corporation)
DOCUMENT NUMBER: P01000092935	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Emilio R. Gomez	•
(Name o	of Contact Person)
NA COLORA CONTRACTOR AND	
<u>Meals International , Inc</u> (Fi	C
· ·	1 37
7920 Pines Boulevard	
	(Address)
Pembroke Pines, Fl 330:	
• •	ate and Zip Code)
For further information concerning this matter, pl	ease call:
Emilio R. Gomez	at (954) 260-2633
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the I	Department of State.
. ,	
Mailing Address:	Street Address:
Amendment Section Division of Corporatio	Amendment Section ns Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	<u> </u>
,	Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	he corporation: Meals International, Inc.
2. The principal of	office address: 7920 Pines Boulevard Pembroke Pines FI 33024
3. The mailing ac	ddress (if different): Same
4. Date of incorp	poration/qualification: 09/2001 Document number: P01000092935
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:
	Emilio R Gomez - 140 NW 76 Avenue
	Pembroke Pines, Fl 33024
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office ALCRETARY Adolfo Gomez - 16444 SW 30th Street Adolfo Gomez - 16444 SW 30th Street
	Miramar, FI 33027 (P.O. Box NOT acceptable)
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatu	Adolfo Gomez- Director (Printed or typed name and title)
I hereby accept I further agree to of thy duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the topic been notified in writing of this change.
X /	April 10 / 2006.
/	chalf of an entity: (Date)
Adolfo Gome	EZ. Typed or Printed Name)

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