

P02000063366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

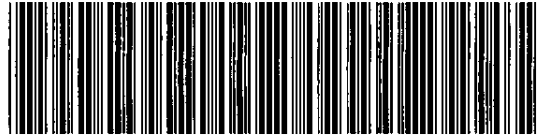
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100145273281

03/31/09--01003--031 **10.00

03/12/09--01012--012 **25.00

RA Chang
Tlewis
4-1-09

FILED
09 MAR 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dove France Bakery, Inc -
(Name of Corporation)

DOCUMENT NUMBER: FIN - 11-3647555

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophie Sacagio
(Name of Contact Person)

Dove France Bakery, Inc -
(Firm/Company)

610 Business Park Blvd -
(Address)

Winter Garden FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

Sophie Sacagio at (407) 877-0243
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2009

SOPHIE SACAGIO
DOUCE FRANCE BAKERY, INC.
610 BUSINESS PARK BLVD.
WINTER GARDEN, FL 34787

SUBJECT: DOUCE FRANCE BAKERY, INC.
Ref. Number: P02000063366

We have received your document for DOUCE FRANCE BAKERY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00009419

RECEIVED
2009 MAR 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dovee France Bakery, Inc.
2. The principal office address: Sophie Sacasio - 17824 Terra Vista Court, Winter Garden FL 34787
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/07/2002 Document number: EIN# 11-3647555

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Shoffield, W. Charles
315 E. Robinson St.
Orlando, FL 32801

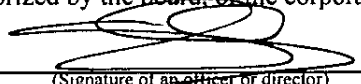
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sophie Sacasio
610 Business Park Blvd -
(P.O. Box NOT acceptable)
Winter Garden, FL 34787

FILED
09 MAR 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

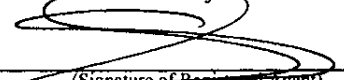
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Sophie Sacasio - President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

3/23/09
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)