

PO 2000088066

(Requestor's Name)

TOMMY'S RESTAURANT EQUIPMENT
2170 NW 19 AVE
MIAMI, FL 33142

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

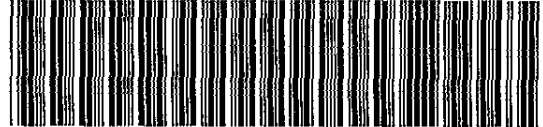
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

00-12/2

**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: Tommy's Restaurant Equipment, Inc
2. The principal office address: 2170 N.W. 19 Avenue, Miami, FL 33142

3. The mailing address (if different): 2170 N.W. 19th Avenue, Miami, FL 33142

4. Date of incorporation/qualification: 8/12/02 Document number: P02000088066

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Tom Romanes

7331 W. 30th Court

Hialeah, FL 33018

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

Maira Capote

2170 N.W. 19th Avenue

(P.O. Box or personal mailbox NOT acceptable)

Miami, FL 33142

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.

Maira Capote
(Signature of an officer, chairman or vice chairman of the board)

Maira Capote - 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.

Maira Capote
(Signature of Registered Agent)

2-13-2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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