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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

02 NOV 15 AM 8:39

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number : 076077002775

Phone

: (407)246-8692

fax Number

: (407) 423-7014

REGISTERED AGENT CHANGE

SENIOR FOODS, INC.

Certificate of Status Certified Copy Page Count \$35,00 Estimated Charge

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(HOZ 0002264339)

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

	ne provisions of sections 607.0302, 617.0	··	Florida Statutes,
-	ed corporation organized under the laws of		
the State of Fl	llowing statement in order to change its 1 orida	egisierea ojjice or regisierea e	igent, or vous, in
•	f the corporation:	_	
	address of the corporation:		
	*		SE 02
	ria Avenue, Winter Park, Florida 327		- 59 z -
3. Date of incorporation/qualification: 9/17/02 Document number: 202001160634			
4: The name and address of the current registered agent and office:			
	Nancy S. Presman	=	
•	250 Park Avenue South	-	TLC SI
	Winter Park, Florida 32789		三
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):			
(P. O. Box Not Acceptable)			
	Thomas D. Sims 372.		<u></u> .
	326 Vitoria Avenus		
	Winter Fark, Florida 32789	· 	
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.			
-722		clin	
(Signature of an officer chairman or vice chairman of the board) (Date)			
Thomas	D. Sims, Jr. Vice Pr. (Printed or typed name and title)	esident	•
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.			
	~ - 1	- 9/12/2m	
	(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity.			
	(Typed or Printed Name)	(Capacity)	
* * * FILING FEE: \$35.90 * * *			
CR2E045(9/00)	DIVISION OF CORPORATIONS P.O. BOX 6322	TATLAHARCHE PF 3731	
	EDVERGA GARLUSA CAL BUX 632 /	I BLILANASSEK Pr. 3731/	4