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SECRETARY OF WARRIES

## STEPHEN L. ZIMMERMAN, P.A.

ATTORNEY AT LAW

737 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060 954-941-5432 · Fax 954-941-0523 Steve@zzmlaw.com

August 29, 2014

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Cove Bagel-Deli, Inc.

Gentlemen:

• Enclosed herewith please find the original and one copy of the Articles of Amendment and State of Change of Registered Office and Registered Agent for the above referenced corporation.

I have enclosed my check number 6528 in the amount of \$70.00 as payment for same.

Please file and return stamped copies to the undersigned at the above address.

Very truly yours,

Stephen L. Zimmerman B

SLZ/pj enc FILED

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SECULAR SEE CONTROL

CHARTER NO: PO3000061505

DATE FILED: August 29, 2014

### STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Section 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

- 1. The name of the corporation is: **COVE BAGEL-DELI, INC.**
- 2. The name and address of its present registered agent is:

# Stephen Krevoy 1634 S.E. 3rd Ct. Deerfield Beach, FL 33441

3. The name and street address to which its registered agent is to be changed is: (P.O. Box not acceptable)

### MARK JAY SNYDER 1634 S.E. 3rd Ct. Deerfield Beach, FL 33441

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
- 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

(President or Vice President)
Date 8-29-2014

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print	t/Type Name	: MARK JAY S	NYDER	
Signature: _	NI			 
Date:		8-14-	2019	 
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P\OFFICE\CORP\REGDEFIC CHN