103000078873

	,
(Requestor's Nar	ne)
(Address)	
(Address)	
(City/State/Zip/Pi	hone #)
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TRANSMITTAL LETTER

Division of Corporations DLC FOODS AND MORE GRA.
(Name of corporation) P03000078873 DOCUMENT NUMBER: 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: (Name of person) Name of firm/company) 11 STIRLING RD FORT LAUSCEDALE, FL 333/2/ (City/state and zip code) For further information concerning this matter, please call: AWRENCE T. Smrtta at (954) 985 417/
(Name of 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

Street Address: **Amendment Section** Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

	he provisions of secti		•			es,
	of change is submitte A in order to c	-	-	₹	-	nte
of Florida.						
1. The name o	of the corporation:	DLC FOOT	S AND MORE	Corp.		
2. The principa	al office address:	1040 W. H	ILLANDALE BEAC	H BLVD		
		HALLANDAL	e BEACH FL	33009		
3. The mailing	g address (if different)) 				
						
4. Date of inco	orporation/qualification	n: JULY 17, 20	Document r	number: <u>P0300</u>	200 78	287
	nd street address of the partment of State:	e current registered	agent and registered	d office on file with	h the	
-		LARRY SER	UR		T. Fris	03
		LARRY SER 8070 SW :	LOTO PLACE		語	306
	·	DAVIE, FL			ARY	28
6. The name a	and street address of	,	·	and /or registered	Tongs	
5 .)		se Rodrigue	2			2
	104	O W . HALLAND	ALE BEACH BL	.vi)		
	Ha	HANDALE BEAC	H.FL. 33009			
The street add	ress of its registered ged will be identical.	office and the street	, ·		egistere	d
Such change vauthorized by	was authorized by res the board, or the corp	olution duly adopte poration has been n	d by its board of disortined in writing of	rectors or by an of the change.	ficer so	
Simpature of an office	Wy PRES	AT THE RESIDENT	JOSE RODRIGUE	z, Pees.		
I hereby accep I further agree performance o registered age	ot the appointment as to comply with the post of the post of the post of the complex confirm the last of the confirmation that the	registered agent at provisions of all sta a familiar with and ent is being filed m	nd agree to act in the tutes relative to the accept the obligation erely to reflect a ch	iis capacity. proper and comp on of my position a ange in the registe	orod	
((Signature of Registered Agent)		(Dat	(c)		-
If signing on beha	alf of an entity:					
	(Typed or Printed Name)		- (Capa	ecity)		

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