

P04000002224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

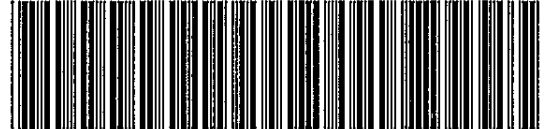
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 FEB 14 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL 32307

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05 FEB 14 AM 11:44
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32307

R-A. Chang
FEB 14 2005

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lithia's Market + Deli, Inc.

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
☒ RA Resignation Change _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

4. The name of the corporation : LITHIA'S MARKET & DELI, INC.

6. The mailing address of the corporation : 7013 LITHIA PINECREST ROAD, LITHIA, FLORIDA 33547

1. Date of incorporation/qualification: JANUARY 2, 2004 Document number: P04000002224

2. The name and address of the current registered agent and office:

Miriam Rashid

7013 Lithia Pinecrest Road

Lithia, FL 33547

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P.O. Box Not Acceptable)

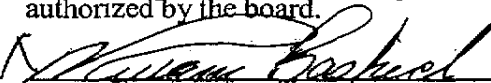
Joseph Ascolese

7013 Lithia Pinecrest Rd.

Lithia, FL 33547

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

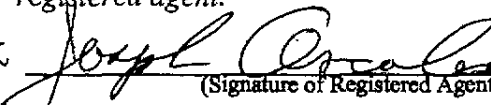
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


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

1/5/2005
(Date)

Miriam Rashid
(Printed or typed name and title)

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.

x 
(Signature of Registered Agent)

1/5/2005
(Date)

If signing on behalf of an entity:

JOSEPH ASCOLESE
(Typed or Printed Name)

President
(Capacity)

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