

FD4000058778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

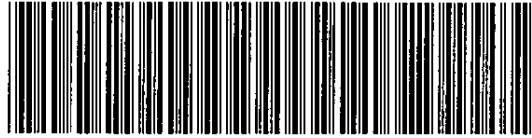
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10-6-09



600161112746

10/05/09--01009--007 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -5 AM 9:44

FILED

PA
Change
SL

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FOOD STRATEGY, INC
2. The principal office address: 17667 TIFFANY TRACE DRIVE
BOCA RATON, FL 33467
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/5/2004 Document number: P0400005877P

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALLAN KULICK (RESIGNED)
7187 SOUTHPORT DR.
BOYNTON BEACH, FL 33437

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

LAWRENCE DROPKIN
17667 TIFFANY TRACE DR.
BOCA RATON, FL 33467

P.O. Box NOT acceptable

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.

Lawrence Dropkin
Signature of an officer or director

LAWRENCE DROPKIN PRES
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.

Lawrence Dropkin
Signature of Registered Agent

9-24-09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)

2009 OCT -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED