

PD4000059068

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A TASTE OF ELEGANCE, INC  
(Name of corporation)

DOCUMENT NUMBER: H040000 72173

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:

CARLA HALL  
(Name of contact person)

A TASTE OF ELEGANCE, INC  
(Firm/Company)

2061 SW 70TH AVE, STE F18  
(Address)

DAVIE, FL 33317  
(City/state and zip code)

For further information concerning this matter, please call:

CARLA HALL at (904) 476-6877  
(Name of contact 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 11, 2004

CARLA HALL  
A TASTE OF ELEGANCE CATERING, INC.  
2061 S.W. 70TH AVE., STE. F18  
DAVIE, FL 33317

SUBJECT: A TASTE OF ELEGANCE CATERING, INC.  
Ref. Number: P04000059068

We have received your document for A TASTE OF ELEGANCE CATERING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The correct document number is P04000059068. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan  
Document Specialist

Letter Number: 004A00049815

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

1. The name of the corporation: A TASTE OF ELEGANCE CATERING, INC  
2. The principal office address: 2061 70TH AVE, SUITE F18  
DAVIE, FL 33317  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/6/04 Document number: 004000059008  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

STEPHEN M. KAUFMAN  
6782 SW 35TH COURT  
DAVIE, FL 33314

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

CARLA HALL  
2061 SE 70TH AVE, SUITE F18  
(P.O. Box NOT acceptable)  
DAVIE, FL 33317

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Carla Elaine Hall  
(Signature of an officer or director)

CARLA HALL, PRESIDENT  
(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.

Carla Elaine Hall  
(Signature of Registered Agent)

7/16/04  
(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