P04000103091

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>→ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Ro Change

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Goycmet Cuts INC (Name of corporation)			
DOCUMENT NUMBER: <u> </u>			
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:			
Thomas Carrello (Name of contact person)			
Governet Cats INC. (Firm/Company)			
1543 Scarlett Aue. (Address)			
Morth Port, FC 34289 (City/state and zip code)			
For further information concerning this matter, please call:			
Thomas Carrero at (941) 423-3318 (Name of contact person) (Area code & daytime telephone number)			
(Name of contact person) (Area code & dáytime 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

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 Florical
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Gourmet Cuts Inc d/b/a Rest Country
2. The principal office address: 2320 Tamiam: Trail, Ste. 8
Port Charlotte, FL 33952
3. The mailing address (if different):
4. Date of incorporation/qualification: July 7, 2004 Document number: P04000103091
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Thomas Carrera ?
2320 Tamiami Trail, Suite 8
Port Charlotte, FL 33952
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Thomas Carrero
1543 Scarlett Aue. (P.O. Box NOT acceptable)
A 10
North Port, FL 34289
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.
Thomas Carrero - 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.
(Signature of Registered Agent) (Signature of Registered Agent)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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