## P07000056533

(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:  Caruts Jozumnt	
Carretes dozument by telephone call In 7/12/07	
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Office Use Only



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FURETARY OF STATE

T. Reberts JUL 12 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: NOT MUR FOOD CORP (Name of Corporation)	on)		
DOCUMENT NUMBER: 36-0162154	+ EIN#		
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Francisco Gomez (Name of Contact Per	son)		
NC+MOR FOOD CORP (Firm/Company)			
Bloy tom Gilbert Ri (Address)	D LakelonD, FL 33810		
(City/State and Zip Co	ode)		
For further information concerning this matter, please call:			
(Name of Contact Person) at (A	1963 944-9068 Trea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

## 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, Florid 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 the state	r Florida
1. The name of the corporation: NWMWR FOOD CORP	
2. The principal office address: 8104 tom Gilbert 20 Lake	Land , FL 33810
3. The mailing address (if different):	······································
4. Date of incorporation/qualification: 5/9/07 Document number:	4 2
5. The name and street address of the current registered agent and registered office on file Florida Department of State:	with the
Francisco J. Gomez	SS S
Francisco J. Gomez 8104 Tom Gilbert RD Lukelind, Fl 3	3810 F. F. ORIE
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):  Francisco J. Comer.  547 E BRIDGES AVE AUBURDOJE  (P.O. Box NOT acceptable)	
The street address of its registered office and the street address of the business office of as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	
	omes (Precioent)
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 c of my duties, and I am familiar with and accept the obligation of my position as registe document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change.	·
Jan 7/6/07	
(Signature of Régistered Agent) (Date)	**************************************
If signing on behalf of an entity:	
Francisco Gomez (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)