## P07000066335

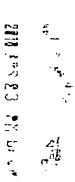
(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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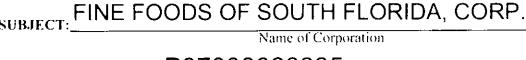
04/23/18--01038--020 \*\*35.00



APR 25 2018

## COVER LETTER

**TO:** Amendment Section Division of Corporations



DOCUMENT NUMBER: P07000066335

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:

## MICHAEL J. EISLER Name of Contact Person STRAUS AND EISLER, PA Firm/Company 2500 WESTON ROAD, SUITE 213 Address WESTON, FL 33331 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

MEISLER@STRAUSEISLER.COM

For further information concerning this matter, please call:

Jeanette Cordova at (954 ) 499-4945

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for	ns 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this a corporation organized under the laws of the State of Florida. stered office or registered agent, or both, in the State of Florida.
The name of the gornoration FI	NE FOODS OF SOUTH FLORIDA, CORP. D5 JOHN P. LYONS LANE, PEMBROKE PARK, FL 3330
3. The mailing address (if different)	
4. Date of incorporation/qualification	on: 6/5/2007 Document number: P07000066335
5. The name and street address of the Florida Department of State: (If r	ne current registered agent and registered office on file with the esigned, enter resigned)
HOWARD D.	DUBOSAR, ESQ.
1800 N. MILI	TARY TRAIL, SUITE 470
BOCA RATO	N, FL 33431
6. The name and street address of the (if changed):	ne new registered agent (if changed) and /or registered office
MICHAEL J. I	EISLER, ATTY.
2500 WEST	ON ROAD, SUITE 213
WESTON, FL	P O Box NOT acceptable  33331
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent.
Such change was authorized by resauthorized by the board or the cor-	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.
/ / Murt	DAVID FREEMAN
I further agree to comply with the performance of my duties, and I am agent. Or, if this document is bein	Printed or typed name and title s registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered g filed merely to reflect a change in the registered office address, I in has been notified in writing of this change.  A11012018
Signature of Registered Agen	4/10/2018 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