## P07000095998

(Red	questor's Name)	
(Add	dress)	· · · · · ·
. (Add	dress)	· .
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	0.00
	·	

Office Use Only



200131502612

06/25/08--01016--021 \*\*35.00

FILED

2008 JUN 25 AM II: 40

SECRETARY OF STATE ORID!

R.A. Change

6/27/08

## **COVER LETTER**

DONNA'S BALANCED MEALS INC				
SUBJECT: DONNA'S BALANCED MEALS, INC. (Name of Corporation)				
DOCUMENT NUMBER: P07000095998				
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	e following:			
Donna Trojan				
(Name of Contact Person)				
(Firm/Compan	у)			
8106 Plantations Lake Circle				
(Address)				
Sanford, FL 32771				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Donna Trojan at ( Name of Contact Person)	407 324-6755 (Area Code & Daytime Telephone Number)			
(x també et comment rensen)	(Tea Code & Bayanie Pelephone Pumber)			
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			
	Tallahassee, FL 32301			

TO:

Amendment Section Division of Corporations

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

statement of ch	hange is submitted for a corpora	12, 617.U3U2, 6U7.13U8, or 617.13U8, Florida ation organized under the laws of the State of the or registered agent, or both, in the State of	Florida
	f the corporation: DONNA'S BAL		
2. The principa	al office address: 8106 Plantation	ons Lake Circle, Sanford, FL 32771	*****
3. The mailing	address (if different): (same)		
4. Date of inco	prporation/qualification: 08/27/2	2007 Document number: P07000	0095998
	nd street address of the current reartment of State:	registered agent and registered office on file w	vith the
	Mark Laurie		
	607 Sweetwater Club C	Circle	
	Longwood, FL 32779		_ T1
6. The name ar (if changed)		istered agent (if changed) and /or registered o	ZOOB JUN 25 SECRETAR) TALLAHASSI
	Donna Trojan		- K
	8106 Plantations Lake		AMII: 40 SEE.FLORIG
	(P.O. Box NO Sanford, FL 32771	IOT acceptable)	SATE ORIO
The street add as changed wi		i the street address of the business office of	P
Such change vauthorized by	was authorized by resolution du the board, or the corporation has	uly adopted by its board of directors or by a has been notified in writing of the change.	an officer so
Som (Signa	dure of an officer or director)	Donna Trojan, President (Printed or typed name ar	id tille)
71 1		ed agent and agree to act in this capacity. s of all statutes relative to the proper and concept the obligation of my position as registed hange in the registered office address, I her his change.	omplete performance red agent. Or, if this eby confirm that the
Im!	4.5-	June 20, 201 (Date)	8
Donna Ti	Signature of Registered Agent) roan, Registered A behalf of an entity:	Agent (Date)	
	(Typed or Printed Name)		

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