P07000 118629

(Requestor's Name) (Address) (Address)	000371285270
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	08/09/2181030808 **35.00
Special Instructions to Filing Officer:	2021 AUG SECRES TALLS
	AUG -9

Office Use Only

AUG-9 PHI2: 45



COVER LETTER

Amendment Section Division of Corporations

TO:

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

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 Florida.
1. The name of the corporation: New York I was ale Grocers Inc. 2. The principal office address: 1395 NW 17th avc. 102
3. The mailing address (if different):
4. Date of incorporation/qualification: 10 30 2007 Document number: P07 0000 1186
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Region Deligion Region Deligio
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): August Delage Fro. Box NOT acceptable Fro. Box NOT acce
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. Signature of an officer or director 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 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 CR2E045 (04/13)