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, (Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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TO: Amendment Section Division of Corporations	
SUBJECT: 5250 FOOD MARKET COR Name of Corporation	PR 24
DOCUMENT NUMBER: P08000075782	9.

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:

Name of Contact Person 5250 FOOD MARKET CORP. DBA JOSEPHS CLASSIC MARKET 5250 TOWN CIRCLE Suite 101
Address BOCA RATON, FL 33486

City/State and Zip Code

Karen @ josephsclassic market.com
mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (561) 799-3302 X104

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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 5250 FOOD MARKET CORP
2. The principal office address: 5250 Town Center Circle Ste. 101
BOCA RATON, FLORIDA 33486
3. The mailing address (if different): 4409 NOATHLAKE BLVD.
PALM BEACH GARDENS, FL 33410
4. Date of incorporation/qualification: $8/13/2008$ Document number: $908000075782$
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)
FRANK MENDEZ (RESIGNED)
2101 NN TIMBERCREEK CIR.
BOCA RATON, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4409 NORTHLAKE BLVD.
Anthony DIBENEDETTO  4409 NORTHLAKE BLVD.  P.O. BOX NOT acceptable  PALM BEACH GARDENS, FL 33410
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.
JOSEPH ACIERNO  Signature of an officer or director  Printed or typed name and title
Thereby 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.
4-6-2017
Signature of Registered Agent Date
If signing on behalf of an entity:
Torondon Delinard Name
Typed or Printed Name

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