P09000072046

•
(Requestor's Name)
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(City/State/Zip/Phone #)
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TALLAHASSEE, FLORIG

COVER LETTER

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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 FLOVI da
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Commercial Kitchen Solutions Inc.
2. The principal office address: 2207 N.W. 23 RD AVENUE
Miami, FC 33142
3. The mailing address (if different):
5. The maning address (in different).
4. Date of incorporation/qualification: 8-21-2009 Document number: P09 0000 72046
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)
"Victor & Torre
2339 N.W. 25+4 Ave, #4
Miami, FL 33142
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
- Victor Torre
2207 N.W. 23 RD AVENUE P.O. BOX NOT acceptable
P.O. Box NOT acceptable
Miami, FC 33142
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.
Victor Torres President
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.
//et 10 6/7/2016 3
Signature of Registated Agent Date 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 CR2E045 (8/05)