

P110000002892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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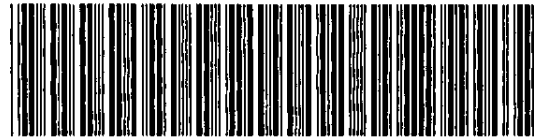
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Fat Supply Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Deborah Jordan
Name of Contact Person

Miami Fat Supply Inc.
Firm/Company

5401 NW 102nd Ave. #134
Address

Sunrise, FL 33321
City/State and Zip Code

miamifatsupply@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Jordan at (954) 572-9464
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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miami Fat Supply Inc.
2. The principal office address: 5401 NW 102nd Ave. #134
Sunrise, FL 33351
3. The mailing address (if different): 5712 S Plum Bay Parkway
Tamarac, FL 33321
4. Date of incorporation/qualification: 1.10.2011 Document number: P11000002892

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)

Donnell M Jordan

8009 NW 15th Manor

Plantation, FL 33322

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donnell M Jordan

5712 S Plum Bay Parkway

P.O. Box NOT acceptable

Tamarac, FL 33321

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.

Donnell M Jordan
Signature of an officer or director

Deborah L. Jordan
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.

Donnell M Jordan
Signature of Registered Agent

8.20.2013
Date

If signing on behalf of an entity:

Miami Fat Supply Inc.
Typed or Printed Name

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