

PI1000053700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

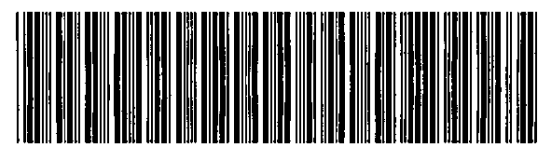
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400254563164

12/19/13--01027--012 **35.00

FILED
SECRETARY OF STATE
14 FEB 24 PM 3:21

R O / ch 8
@ 5/25/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R.A.M. Restaurant Corp
Name of Corporation

DOCUMENT NUMBER: P11000053700

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:

Ron Weisheit
Name of Contact Person

R.A.M. Restaurant Corp
Firm/Company

6144 Belleza Lane
Address

Boca Raton FL 33433
City/State and Zip Code

Rhonda+twenty+twentygrille@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Weisheit at (207) 310-8084
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



RECEIVED

14 FEB 24 PM 4:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2013

RON WEISHEIT
6144 BELLEZA LANE
BOCA RATON, FL 33433

SUBJECT: R.A.M.RESTAURANT CORP.
Ref. Number: P11000053700

We have received your document for R.A.M.RESTAURANT CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 013A00029384

**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: R.A.M. Restaurant Corp.
2. The principal office address: 6144 Belleza Lane
Boca Raton Fl 33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/8/2011 Document number: _____

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)

Ron Weisheit
2648 Wilson Street
Hollywood Fl. 33020

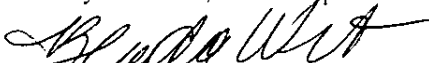
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ron Weisheit
6144 Belleza Lane
Boca Raton Fl. 33433

P.O. Box NOT acceptable

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

Rhonda Weisheit Vice President
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.

Ron Weisheit
Signature of Registered Agent

2/6/14
Date

If signing on behalf of an entity:

Ron Weisheit
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 (03/12)

FILED
DIVISION OF CORPORATIONS
14 FEB 24 PM 3:31