

P11000073481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

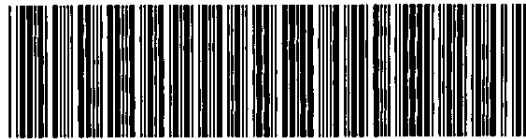
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500298270325

04/25/17--01004--003 **35.00

17 APR 24 AM 9:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 01 2017
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOSEPH'S FOODS INC.
Name of Corporation

DOCUMENT NUMBER: P 11000073481

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:

KAREN TAGLIAGAMBE

Name of Contact Person

JOSEPH'S FOODS INC.

Firm/Company

4409 NORTHLAKE BLVD.

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

Karen@josephsclassicmarket.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen TAGLIAGAMBE at (561) 799-3302 x104
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
DIVISION OF CORPORATIONS
17 APR 24 AM 9:40

**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: JOSEPHS FOODS, INC
2. The principal office address: 4409 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/16/2011 Document number: P11000073481

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)
2701 TIMBERCREEK CIR
BOCA RATON, FL 33431

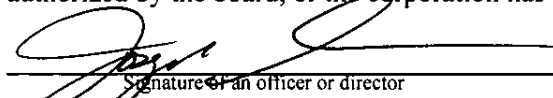
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANTHONY DiBENEDETTO
4409 NORTHLAKE BLVD.
P.O. Box NOT acceptable
PALM BEACH GARDENS, FL 33411

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 24 AM 9:40

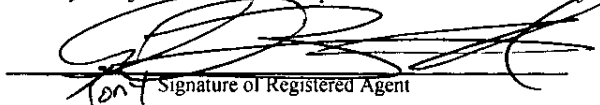
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

JOSEPH ACIERNO
OWNER / Pres
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

4-6-2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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