

P110000091766

(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



800230068048

04/19/12--01011--013 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 19 PM 1:35

R.A/Ro/chs
@ 4/19/12

COVER LETTER.

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH GATE FRESH
Name of Corporation

DOCUMENT NUMBER: P 11 000091766

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:

VERONIQUE MANNION
Name of Contact Person

HEALTH GATE FRESH INC.
Firm/Company

1040 NE 175 ST
Address

MIAMI, FL. 33162
City/State and Zip Code

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

For further information concerning this matter, please call:

Veronique MANNION at 305, 653-5873
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: HEALTH GATE FRESH INC.
2. The principal office address: 1040 NE 175 ST
MIAMI, FL. 33162
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/19/2011 Document number: P11000091766
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)

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL. 32301


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

VERONIQUE MANNION
1040 NE 175 ST
P.O. Box NOT acceptable
MIAMI, FL 33162

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 19 PM 1:35

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

VERONIQUE MANNION ^{DP} President

Printed or typed name and title Director

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

APRIL 17, 2012

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)