P1300020491

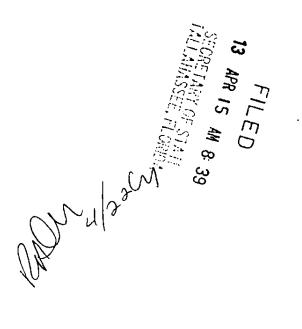
(Re	equestor's Name)			
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COVER LETTER

TO: Amendment Section **Division of Corporations**

'IMBO'S MEATS CORPORATION

Name of Corporation

213000020491

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:

Bruce F. Morriss

Name of Contact Person

Morriss & Shim, LLC

Firm/Company

934 Glenwood Avenue, SE, Ste. 150

Atlanta, GA 30316

City/State and Zip Code

bfmorriss@morrissandshim.com

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

For further information concerning this matter, please call:

Mandy Donaldson

Name of Contact Person

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

_ .. .___ __

-	•	0502, 607.1508, or 617.1508, Florida S	·
-		ganized under the laws of the State of $\frac{1}{2}$ ristered agent, or both, in the State of F	
	poration: Zimbo's Meats C	•	
1. The name of the corp	address: 1042 Drift Wood	Point Road	
	each, FL 32459		
3. The mailing address	(if different):		
4. Date of incorporation	/qualification: March 4, 20	013 Document number: P1300	0020491
	address of the current registered of State: (If resigned, enter resigned)	d agent and registered office on file wigned)	- 트워
NRA	I Services, Inc.		A FI
	East Park Avenue		LED 15 AN SEE, FI
Talla	hassee, FL 32301		993 & 103 æ 0
6. The name and street a (if changed):		gent (if changed) and /or registered off	္ မွ
Bruc	e F. Morriss		
2928	Pine Valley Drive		
		OT acceptable	
<u>Mirar</u>	mar Beach, FL 32550		
_		et address of the business office of its	
Such change was autho authorized by the board	rized by resolution duly adopt l, or the corporation has been r	ed by its board of directors or by an one of the change.	fficer so
Signature of an of	ficer or director	Michael Follwell fre	esident
I hereby accept the app I further agree to comp performance of my duti agent. Or, if this docum hereby confirm that the	oointment as registered agent a ly with the provisions of all sto es, and I am familiar with and nent is being filed merely to re corporation has been notified	and agree to act in this capacity. atutes relative to the proper and complacement the obligation of my position affect a change in the registered officed in writing of this change.	
Buy,	Now-	4/11/13	
Signature of R	Registered Agent	Date	-
If signing on behalf of ε	an entity:		
Typed or Pri	nted Name		
	* * * FILING F	TEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314