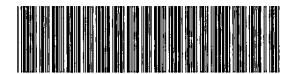
# P13000020640

(Re	equestor's Name)			
(Ad	ldress)	<u></u>		
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Rooster & Bros., Inc.

Name of Corporation

DOCUMENT NUMBER. P13000020640

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:

#### Christina Tretter-Herriger

Name of Contact Person

#### **CHS Business Consultants**

Firm/Company

50 Montrose Road

Address

Yonkers, NY 10710

City/State and Zip Code

### christinachsbiz@gmail.com

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

For further information concerning this matter, please call:

Jane Felix

,914

961 1649

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

statement of che	provisions of sections 607.0502, 6, ange is submitted for a corporation	organized under the laws of the S	tate of Florida
	er to change its registered office or	- <del>-</del>	late of Florida.
1. The name of	the corporation: Rooster & Br	os., inc.	·
	office address: 241 Pilgrim R	.080	· · · · · · · · · · · · · · · · · · ·
	Im Beach, FL 33405	an Dood	
Yonker	address (if different): 50 Montro s, NY 10710		
4. Date of incor	poration/qualification: March 5	, 2013 Document number: F	13000020640
5. The name and	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and registered office or resigned)	
	resigned CT Corx	poration System	
	7		
			<u> </u>
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or regist	ered office
( <b>8</b> ),	Carolyn Specht		NO TO
	241 Pilgrim Road	ox NOT acceptable	
	West Palm Beach, FL 3	3405	9:
The street address changed will	ess of its registered office and the see identical.	street address of the business offic	ce of its registered agent,
Such change was authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or en notified in writing of the chan	by an officer so ge.
(1)	ne cut	Carolyn Specht, So	<del>-</del>
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with is document is being filed merely t that the corporation has been noti	Printed or typed nan ent and agree to act in this capaci Il statutes relative to the proper a and accept the obligation of my p o reflect a change in the registere fied in writing of this change.	
(HSrc	cht	Nov 23, 2015	
Gig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		
		G FEE: \$35.00 * * *	