## P1600019003

(Requestor's Name)					
(Address)					
(Address)					
(Cir	ty/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





800284867878

05/05/16--01011--022 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: S.D. ENTERPRISES FOODS, INC Name of Corporation						
DOCUMENT NUMBER: P16000019003						
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:						
Llmar Moore						
Name of Contact	Person					
S.D. Enterprises Foods. Inc						
Firm/Compa	•					
503 West South Str	reet					
. Address						
Orlando, FL 32805						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at ()  Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address:	Street Address:					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	orporation organi	2, 607.1508, or 617.1508, zed under the laws of the	State of Florida	
		0	red agent, or both, in the .	State of Florida.	
1. The name of t	1. The name of the corporation: S.D. Enterprises Foods, Inc				
2. The principal office address: 503 West South Street, Orlando, FL 32805					
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: _	02/26/16	Document number:	P16000019003	
5. The name and		rrent registered ag	gent and registered office (	on file with the	
	Tim Adams				
	5530 Pendleto	on Dr			
	Orlando, FL 3	2839			
6. The name and (if changed):	street address of the ne	w registered agen	t (if changed) and /or regi	হা -	
A&G Bookkeeping Services of Palm Coast					
233 St Joe Plaza Dr					
	Dalm Coast E	P.O. Box NOT:	acceptable		
	Palm Coast, F		·		
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 wa authorized by th	s authorized by resolut e board, or the corpora	ion duly adopted tion has been not	by its board of directors of the cha	or by an officer so unge.	
Limar Moore, President Signature of an officer or director  Printed or typed name and title					
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as reg o comply with the prov my duties, and I am far s document is being fil that the corporation ha	istered agent and isions of all statu niliar with and ac ed merely to refle us been notified in	l agree to act in this capa tes relative to the proper ecept the obligation of my ct a change in the registe writing of this change.	city. and complete position as registered ered office address, I	
	faithe of Registered Agent		04/30/16		
Six	rature of Registered Agent		Date		
If signing on be	half of an entity:				
Tush	Godo /				
Ti	med or Printed Name				

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