

P16000031S6L

(Requestor's Name)

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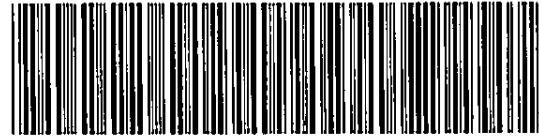
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FL BEST KITCHENS INC

Name of Corporation

**DOCUMENT NUMBER:** P16000031860

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:

**SHARONA ELGAZAR**

Name of Contact Person

**FL BEST KITCHES INC**

Firm/Company

**11352 WEST STATE ROAD 84 #37**

Address

**DAVIE, FL 33325**

City/State and Zip Code

**BILLING@FLBESTKITCHENS.COM**

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

For further information concerning this matter, please call:

**SHARONA ELGAZAR**

Name of Contact Person

at ( **954** ) **636-8877**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**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: FL BEST KITCHENS, INC.  
2. The principal office address: 11352 WEST STATE ROAD 84 #37, DAVIE, FL 33325

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/07/2016 Document number: P16000031860

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)

SHARONA ELGAZAR

1650 SW 117TH AVENUE

DAVIE, FL 33325

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

• 11352 WEST STATE ROAD 84 #37

P.O. Box NOT acceptable

DAVIE, FL 33325

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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.

Sharona Elgazar  
Signature of an officer or director

SHARONA ELGAZAR

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.*

Sharona Elgazar  
Signature of Registered Agent

08/24/17

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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