P16000036218

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FRILE GIVISION OF CORPORATIKE

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COVER LETTER

TO:

Amendment Section Division of Corporations

AVISION OF CORPORATION

2018 JUN 12 AM 11: 10

SUBJECT: COCKTAIL CUISINE, INC.

Name of Corporation

DOCUMENT NUMBERS

P16000036218

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:

Marsha Siha

Name of Contact Person

Incfile.com LLC

Firm/Company

17350 State Hwy 249 #220

Address

Houston TX 77064

City/State and Zip Code

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

For further information concerning this matter, please call:

Marsha Siha

, 888

462-3453

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 change	visions of sections 607.0502, 617.0502 e is submitted for a corporation organi o change its registered office or registe	ized under the laws of the	State of Florida
1. The name of the	corporation: COCKTAIL CUISI	NE, INC.	
2. The principal off	ice address: 21680 Fall River D	rive, Boca Raton,	FL 33428
			-
	ress (if different): 20423 State Roon, FL 33498	oad 7 Suite F6 #1	47
4. Date of incorpora	ntion/qualification: 04/22/2016	Document number:	P16000036218
	reet address of the current registered agent of State: (If resigned, enter resigned		on file with the
<u>UI</u>	NITED STATES CORPORA	ATION AGENTS,	INC.
<u>13</u>	3302 WINDING OAKS COURT, STE.A		
TA	AMPA, FL 33612-3425		JUN I
6. The name and stre (if changed):	eet address of the new registered agent	t (if changed) and /or regi	ATSION OF CORPORATE STEERED OFFICE
LE	EGALINC CORPORATE SE	ERVICES INC.	
52	237 SUMMERLIN COMMO	NS Ste 400	
FC	P.O. BON NOT a DRT MYERS, FL 33907	ecceptable	
The street address of as changed will be i	of its registered office and the street adidentical.	ddress of the business of	fice of its registered agent,
Such change was at authorized by the bo	nthorized by resolution duly adopted board, or the corporation has been notified.	by its board of directors of fied in writing of the cha	or by an officer so nge.
Jenny Signature of	an officer or director	Jennifer Guiney -	
i juriner agree to co performance of my d agent. Or, if this do	appointment as registered agent and omply with the provisions of all statute duties, and I am familiar with and according to being filed merely to reflect the corporation has been notified in	agree to act in this capace es relative to the proper cept the obligation of my et a change in the registe	city. and complete position as registered
Vatte of	Sclimenti	June 4, 2018	
$V \sim$	e of Registered Agent	Date	
If signing on behalf	•		
Patty Scliment	TI 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 (03/12)