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| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
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LAW OFFICES MICHAEL KAHN, P.A. 482 N. HARBOR CITY BLVD. MELBOURNE, FL 32935 TELEPHONE (321) 242-2564

MICHAEL KAHN, ESQUIRE ROMA MOLINARO, CP. FRP. PARALEGAL

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MICHAEL@MICHAELKAHNPA.COM ROMA@MICHAELKAHNPA.COM

May 25, 2021

Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dinner Hersol Foods Corporation

Document Number: P19000018505

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Agent for the above referenced entity along with Michael Kahn, P.A. Trust Account check no, 5901 in the amount of \$35.00 for the filing fee of said document.

Please return all correspondence concerning this matter to the following: Michael Kahn, P.A. 482 N. Harbor City Blvd. Melbourne, FL 32935

The e-mail address to be used for future annual report notification is:

dinnerhersol@gmail.com

If you need further information, please do not hesitate to contact me.

Very truly yours,

nichael Kalin

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Michael Kahn

ce: client Ene: as stated

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: Dinner Hersol Foods Corporation | _ | | |
|-------------------------------|--|------------------|----------------|-----------------------|
| 2. The principal | office address: 7777 North Wickham Road, Suite 22 | | | - |
| Melbourne, FL. | 32940 | | | - |
| 3. The mailing a | address (if different): | | | - |
| | poration/qualification: 2/25/2019 Document number: P1900001850 | | | _ |
| 5. The name and | d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) | | | |
| | Hill Accounting and Tax Service | | | |
| | 314 Laurie Street | | | |
| | Melbourne, FL 32940 | | | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | TALLAN TALLAN | 2021 HAY 2 | · |
| | Michael Kahn, P.A. | | 22 | ر. دکھڑے مہرجو میں |
| | 482 N. Harbor City Blvd. | | | s ∼ryna; t t t |
| | P.O. Box: NOT acceptable | · ; | | () |
| | Melbourne, FL 32935 | | $\dot{\omega}$ | |
| | | | σ | |

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.

Signature of an officer or director

Hernando J. Castellon, Sr., President Printed or typed name and little

Thereby 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. Thereby confirm that the corporation has been notified in writing of this change.

Mirchael H. Kalm

Signature of Registered Agent

<u>5-26-2021</u> Date

If signing on behalf of an entity:

Michael Kahn, Esq.

Typed 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 (04/13)