## Florida Department of State

Division of Corporations

Electronic Hilling Coversheet

Note: Please print this page and use it as a goversheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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10:	
	Division of Corporations
	Fax Number : (850)617-6380
Fre	om;
	Account Name: REGISTERED AGENTS INC.
	Account Number : 120090000081
	Phone: : (307)200-2803

Pax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:			
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## REGISTERED AGENT CHANGE INTERNATIONAL FOOD SERVICE DISTRIBUTORS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	inge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of	Floreta
		or registered agent, or both, in the State of	r юнаа.
1. The name of	the corporation: International Fo	od Service Distributors, mc.	
2. The principal	office address; 6619 SOUTH D	IXIE HIGHWAY PMB 186 MIAMI, FL 3314	3
3. The mailing a	address (if different): 6619 SOUT	TH DIXIE HIGHWAY PMB 186 MIAMI, FL 3314:	3
4. Date of incor	poration/qualification: 06/01/19	Document number: P19000	0042517
5. The name and Florida Depa	d street address of the current regreement of State: (If resigned, enti-	gistered agent and registered office on file ver resigned)	vith the
	CT CORPORATION SYSTEM	1	22
	1200 SOUTH PINE ISLA	ND ROAD	
	PLANTATION, FL 33324		2020 MAY - 7 AM IO: 2 SCLAS IAR : 1
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):			
	Registered Agents In	<u>C</u> .	56 2
	7901 4th St N STE 300		_
		O. Box NOT acceptable	
	St. Petersburg FL 33		_
The street addr as changed wil	ress of its registered office and ( I be identical.	the street address of the business office of	its registered agent,
Such change wanthorized by t	as authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by a s been notified in writing of the change.	n officer so
pmn	U D 002	RANDY DIAZ	
I hereby accep I further agree	to comply with the provisions of my during and Lam familiar v	Printed or typed name and agree to act in this capacity, of all statutes relative to the proper and cowith and accept the obligation of my positively to reflect a change in the registered off notified in writing of this change.	omplete on as revistered
Bee Ha	ne	05/07/2020	
Si	ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Bill Havre		_	
	Typed or Printed Name  ** F[]	LING 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)