

11/9/22, 1:22 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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

(((H22000383473 3)))



H220003834733ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : KAYALI & CO., P.A.
Account Number : I20160000100
Phone : (813)899-9642
Fax Number : (813)899-9793

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

Email Address: _____

**REGISTERED AGENT CHANGE
SHOP RIGHT MEAT MARKET INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

A. BUTLER

Electronic Filing Menu

Corporate Filing Menu

Help
NOV 10 2022

COVER LETTER

41220003834733

TO: Amendment Section
Division of Corporations

SUBJECT: SHOP RIGHT MEAT MARKET INC
Name of Corporation

DOCUMENT NUMBER: P22000006848

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:

Name of Contact Person

KAYALI & CO., P.A.

Firm/Company

10630 N 56TH ST., STE 205

Address

TAMPA, FL 33617

City/State and Zip Code

INFO@CPAOSK.COM

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

For further information concerning this matter, please call:

OSAMA S KAYALI, CPA

Name of Contact Person

at (813)

899-9642

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

41220003834733

H220003834733

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: Shop Right Meat Market Inc.
 2. The principal office address: 6639 S Manhattan Ave
Tampa, FL 33616
 3. The mailing address (if different): _____
 4. Date of incorporation/qualification: 1/18/2022 Document number: 222000006848

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)

Lujaneth S Alkawaga (Resigned)
6639 S Manhattan Ave
Tampa, FL 33616

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

Mohammed A Hamden
6639 S Manhattan Ave
P.O. Box NOT acceptable
Tampa, FL 33616

2022 NOV 14 AM 6:56
 FILED

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.

Mohammed A
 Signature of an officer or director

Mohammed A Hamden - President
 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.

Mohammed A
 Signature of Registered Agent

11/9/2022
 Date

If signing on behalf of an entity:

 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)

H220003834733