P93000641824

(Requestor's Name)	
(Address)	- 114
	Address)	-
	City/State/Zip/Phone #	}
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filling Officer.	

Office Use Only



200079330782

09/05/06--01036--004 **35.00



KHA Rachange

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	SJ Boca Raton Food Inc.					
SOBJECT	(Name of Corporation)					
DOCKING SIDE SI	P93000041824					
DOCUMENT N	UMBEK:					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all c	orrespondence concerning this matter to the following:					
	Emily Miao					
(Name of Contact Person)						
SJ Boca Raton Food Inc						
(Firm/Company)						
7650 Birchmount Road						
(Address)						
Markham, Ontario L3R 6B9 Canada						
(City/State and Zip Code)						
For further inform	ation concerning this matter, please call:					
Emily Miao	905 4155701					
(N	art (905) 4155701 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.	00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

statement of chan	rovisions of sections 607.05 ge is submitted for a corpor	ation organized	l under the laws of the S	State ofFlorida_	is
	to change its registered offi	-	agent, or both, in the S	tate of rioriaa.	
1. The name of the	e corporation: SJ Boca Ra	ton Food Inc.			
2. The principal of	office address: 6299 West S	Sunrise Blvd.,	506 Town Center		
	Boca Raton I	FL 33431			
3. The mailing ad	ldress (if different): 7650	Birchmount Ro	oad, Markham, Ontario	L3R 6B9 Canada	
4. Date of incorp	oration/qualification:06/07	/1993	Document number:	P930000418	324
5. The name and Florida Depart	street address of the current ment of State:	registered agen	t and registered office of	n file with the	
	Richard Ko				
	West Oaks Mall, 94	01 W. Colonia	Drive , Ste 252		
-	Ocoee FL 34761				
6. The name and (if changed):	street address of the new reg	istered agent (i	f changed) and /or regist	tered office	<u> </u>
	United Corporate Se	ervices Inc.		E CS	60
•	9200 S Dadeland Bl	vd., Suite 508		一套	# <u> </u>
-		NOT acceptable)		—— SEE	O III
-	Miami, FL 33156				300
	s of its registered office and e identical.			Su.	cd agent,
Such change was authorized by the	authorized by resolution d board, or the corporation l	uly adopted by as been notifie	its board of directors on the character of the character	or by an officer so nge.	-
(Signature	I anjotticer or director		Jamesina Ch		
I hereby accept the I further agree to of my duties, and document is being corpolation has to be a full of the I have to be a full of the I have to be a full or the I have the	pe appointment as registere comply with the provisions I am familiar with and acceptated merely to reflect a cipen notified in writing of the	ed agent and age s of all statutes ept the obligat hange in the re his change.		•	ormance Ir, if this that the
//////////////////////////////////////	ature of Registered Agent)	Managanata	9/Jack		
If signing on beha	-	<u> </u>	, (Date)	'	
(1)	* * * F	ILING FEE: S	\$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)