## P94000427/E

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

Phan.

## **COVER LETTER**

Division o	f Corporations	
SUBJECT: Fa	mous Greek Salads of Florida (Name of Corpo	oration)
DOCUMENT NU	MBER: P94000042713	
The enclosed State	ment of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter to	the following:
	Gen Miller (Name of Contac	t Parson)
	,	c i cisony
	Wollinka & Wollinka	
-	(Firm/Comp	any)
	P. O. Box 3649	
_	(Address	<u> </u>
	Holiday, FL 34692-0649	
_	(City/State and Z	Cip Code)
For further informa	ation concerning this matter, please call:	
Gen (Na	Miller ame of Contact Person)	at ( 727 ) 934-4177 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departmen	nt 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

CR2E045 (8/05)

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu a corporation organized under the laws of the State of $\_$ Fl	lorida		
in order to change its registe	ered office or registered agent, or both, in the State of Flori	da.		
1. The name of the corporation:	Famous Greek Salads of Florida, Inc.			
2. The principal office address:	10041 North Dale Mabry		_	
	Tampa, FL 34618			
3. The mailing address (if different):_	As above			
4. Date of incorporation/qualification	6/3/1994 Document number: <u>P9400004</u>	12713		
5. The name and street address of the Florida Department of State:	current registered agent and registered office on file with the	1e		
Cynthia P. Mangos	3	₹	_	
10041 North Dale	Mabry	SECRI	กך 90	90.82
Tampa, FL 34618		HASS	JUL 24	27 W
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office	Y OF STATI EE. FLORI	PM 2:	1
David J. Wo	llinka	ATE RID/	35	•
<u> 2312 U.S. Н</u>	ighway 19 P.O. Box NOT acceptable)			
Holiday, FL	34691			
The street address of its registered o as changed will be identical.	ffice and the street address of the business office of its re	egistered	l agent	.,
Such change was authorized by resc authorized by the board, or the corp	olution duly adopted by its board of directors or by an off oration has been notified in writing of the change.	ficer so		
Many Many State (Signature of an officer of director)	Cynthia Mangos, Preside (Printed or typed name and title)	ent		
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed merely to re corporation has been notified in wr	registered agent and agree to act in this capacity, rovisions of all statutes relative to the proper and comple and accept the obligation of my position as registered affect a change in the registered office address, I hereby citing of this change.	ete perfo gent. O confirm i	rmanc r, if the that the	ce is e
(Signate of Registered Agent	7/13/86 (Date)			
If signing on behalf of an entity:	, (,			
N/A (Typed of Printed Name)				
(Typed of Frince Family)	* * * 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 (8/05)