

P940000554/15

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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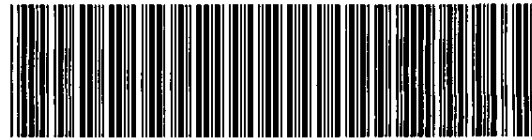
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RALCHS
@ 9/7/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restaurant Equipment Installation, Inc.
Name of Corporation

DOCUMENT NUMBER: P94000055415

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:

Asher Azron
Name of Contact Person

Restaurant Equipment Installation, Inc.
Firm/Company

706 Commerce Circle
Address

Longwood, FL 32750
City/State and Zip Code

restequipinstal2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asher Azron at (407) 331-8188
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP -7 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 23, 2011

ASHER AZRON
RESTAURANT EQUIPMENT INSTALLATION, INC.
706 COMMERCE CIRCLE
LONGWOOD, FL 32750

SUBJECT: RESTAURANT EQUIPMENT INSTALLATION, INC.
Ref. Number: P94000055415

We have received your document for RESTAURANT EQUIPMENT INSTALLATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 411A00019664

**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: Restaurant Equipment Installation, Inc.

2. The principal office address: 706 Commerce Circle, Longwood, FL 32750

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 07/25/1994 Document number: P94000055415

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)

Alisa Meilik

706 Commerce Circle

Longwood, FL 32750

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

Asher Azron

706 Commerce Circle

P.O. Box NOT acceptable

Longwood, FL 32750

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DIVISION OF CORPORATIONS
11 SEP - 7 AM 8:09

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

Asher Azron, Treasurer

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.



Signature of Registered Agent

08/18/2011

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 (8/05)