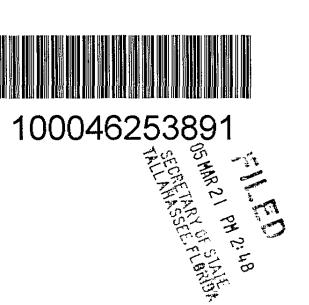
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COMP-LETE TOODS TWO. (Name of corporation)
DOCUMENT NUMBER: P940000 (064)3
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:
SUSAN A. Smith (Name of contact person)
·
(Firm/Company)
1009 W. Azeele ST (Address)
TAMPA (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (813) 251-1624 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 24, 2005

SUSAN A. SMITH 609 W. AZEELE STREET TAMPA, FL 33606-2205

SUBJECT: COMP-LETE FOOD, INC.

Ref. Number: P94000066413

We have received your document for COMP-LETE FOOD, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

THE MONEY ALREADY SUBMITTED WILL BE HELD PENDING FOR USE WHEN THIS CORRECT FORM IS SUBMITTED.

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) 245-6880.

Karen Gibson Document Specialist

Letter Number: 905A00013028

TECENEL MAR 28 M 9:51

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

1. The name of the corporation: CAMP-LETE FOOD 2. The principal office address: 3553 E. FOREST LAKE DRIVE SARASOTA FI 34233 3. The mailing address (if different): SAME 4. Date of incorporation/qualification: Al/19/1994 Document number: P940000 to 4/3 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: SHERRY M. ZENDEL 3553 E. FOREST LAKE DRIVE 3553 E. FOREST LAKE DRIVE 366 ARASOTA FI 34232 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): SUSAN A. MITH LOGY W. A ZENDEL (P.O. Box NOT acceptable) TAMPA FI 33606 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. Likely M. LEUEL (Phanture of a philicer or director) 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 infamiliar 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.	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 ———————————————————————————————————
3. The mailing address (if different): Some 4. Date of incorporation/qualification: Some 4. Date of incorporation/qualification: Some 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Sherry M. Zendel 3553 E. Forest Lake Drive Sarasota Fl. 34 N 32 6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed): Susan A. Smith Log W. Azele (P.O. Box NOT acceptable) Tampa Fl. 33606 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. Susan Registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity in the provisions of all statutes relative to the proper and complete performance of my dutties, 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.	1. The name of the corporation: Camp-Lete Food Tic.
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4. Date of incorporation/qualification: Of/191994 Document number: P94 0000 664/3 5. The name and struct address of the current registered agent and registered office on file with the Florida Department of State: SHERRY M. ZENDEL 3553 E. FOREST LAKE DRIVE SARASOTA FI 34232 6. The name and struct address of the new registered agent (if changed) and for registered office of its registered agent, (if changed): SUSAN A. SMITH LOGG W. A ZENDEL (PO. Box NOT acceptable) The struct address of its registered office and the struct 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. SLEAT M. ZENDEL (Populature or sportiment as registered agent and agree to act in the proper and complete performance of my dutties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is been placed amercy to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.	SARASOTA FI 34232
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Susan A. Smith Log W. Azele (P.O. Box NOT acceptable) TAMPA I 33 60 6 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. Sury M. Zendel (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.	
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Stray M. Zendel (Signature of an officer or director) 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. 3-25-2005	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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Swan Q. Smith 3-25-2005 (Signature of Registered Agent) (Date)	I DIVINER GOVEE TO COMPLY WITH the provisions of all statutes relative to the proper and complete performance
	Swamper Grant 3-25-2005 (Signature of Registered Agent)
If signing on behalf of an entity:	If signing on behalf of an entity:

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)