

P94000066413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

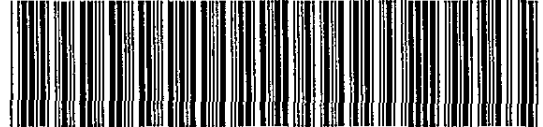
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

corrected corp name
from FOODS to Food
RC 3/30

Office Use Only



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05 MAR 21 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/16/05--01021--016 **35.00

RACB9
CRG
3/30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comp-Lete Goods Inc.
(Name of corporation)

DOCUMENT NUMBER: P94000066413

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)

609 W. Azeele ST
(Address)

TAMPA FL 33606
(City/state and zip code)

For further information concerning this matter, please call:

SUSAN Smith at (813) 251-1624
(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
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

RECEIVED
MAR 28 AM 9:51
DIVISION OF CORPORATIONS

**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: Camp-Lere Food, Inc.
2. The principal office address: 3553 E. FOREST LAKE DRIVE
SARASOTA FL 34232
3. The mailing address (if different):
Same
4. Date of incorporation/qualification: 09/09/1994 Document number: P94 000066413
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 34232

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

SUSAN A. SMITH
609 W. AZEEL ST
(P.O. Box NOT acceptable)
TAMPA FL 33606

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SECRETARY OF STATE

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.

Sherry M. ZenDEL
(Signature of an Officer or director)

SHERRY 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.

Susan A. Smith
(Signature of Registered Agent)

3-25-2005
(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