

P95000041254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

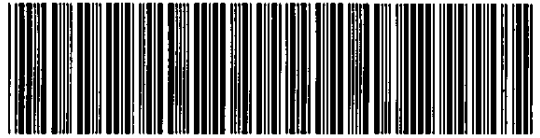
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 AM 11:14

T. Roberts SEP 17 2009

Andrew L. Reiff, P.A.

ATTORNEY AND COUNSELOR AT LAW

OFFICE LOCATION:
SUITE 730
135 W. CENTRAL BLVD.
ORLANDO, FLORIDA 32801
INTERNET: AREIFF3566@AOL.COM

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ORLANDO, FLORIDA 32802-1059
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September 9, 2009

Florida Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

**Re: RUDY COPPENS / DELICACIES & CATERING, INC.
ASHLY SARRAN**

Dear Sir or Madam:

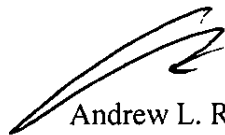
Enclosed for filing please find:

Statement of Change of Registered Office or Registered Agent or Both for Corporations.

Additionally, I have enclosed my operating account check in the amount of \$35.00
for the cost of filing the above document.

If you have any questions please do not hesitate to call me.

Sincerely,



Andrew L. Reiff

ALR/lk

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delicacies & Catering, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000041254

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:

Ashly Sarran

Name of Contact Person

Delicacies & Catering, Inc.

Firm/Company

14664 Kristenright Ln
Address

Orlando, FL 32826
City/State and Zip Code

Sarran03@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashly Sarran

Name of Contact Person

at (407) 380-0404
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

**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: Delicacies & Catering, Inc.
2. The principal office address: 7600 University Blvd.
Winter Park, FL 32792
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/25/95 Document number: P95000041254

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)

Rudy Coppens

118 Summerlin Avenue

Sanford, FL 32771

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

Ashly Sarran

14664 Kristenright Lane

P.O. Box NOT acceptable

Orlando, FL 32826

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.

Ashly Sarran
Signature of an officer or director

Ashly Sarran, President

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.

Ashly Sarran
Signature of Registered Agent

8/11/09
Date

If signing on behalf of an entity:

Ashly Sarran
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 AM 11:14