P9500049390

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200242272232

12/12-01030 OF FILELY
RECRETARY OF STATION
RECRETAR

*COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DEBREN FOODS INC. Name of Corporation			
DOCUMENT NUMBER: P9500049390			
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:			
RAYMOND COTTERET Name of Contact Person			
DEBOEN FOR WC			
P.O. Box 18181			
CLEARWATER FL 33762 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: RAYMUN COTERET at (727) 299-0662 Name of Contact Person at (727) 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 Street Address: Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

SePursuant 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DEBLEX FOODS INC
2. The principal office address: 4445 - 126 At N.
PINEURS PARK FL. 33762
3. The mailing address (if different): P. D. Box 18(8)
CLEARWATER FL. 33762
4. Date of incorporation/qualification: 6/22/1995 Document number: P95000049390
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)
RAYMOND COTTERET
4060 GODINA KEY DR S.E.
ST. PETERSBURG FE 33705
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
P.O. BOX NOT acceptable P.O. BOX NOT acceptable P.O. BOX NOT acceptable THE STATE OF THE STAT
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 author zed by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.
Signature of an occupance or specific Printed or typed name and title
I hereby accept the difficient as registered agent and agree to act in this capacity. I further agree to couply 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 fited merely to reflect a change in the registered office address, I hereby confirm that the adrenation has been notified in writing of this change. Signature of Bagistered Agent Signature of Bagistered Agent
If signing on behalf of an entity: Typed or Printed Name

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