Requesior's Name

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DO	OCUMENT NUMBER(S), (if known):
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1(Cor	(Corporation Name)		t #)	
2	poration Name)	(December 1)		
2	•	(Documen	(#) 300022527530 -08/11/97-01036-002 *****87.50 *****87.50	
Cor	poration Name)	(Documen		
4(Cor	poration Name)	(Documen	(#)	
	Pick up time		Certified Copy	
			Certificate of Status	
NEW FILINGS	AMENDM	ENTS		
Profit	Amendment			
NonProfit	Resignation of	Resignation of R.A., Officer/ Director		
Limited Liability	Change of Reg	istered Agent		
Domestication	Dissolution/Wi	Dissolution/Withdrawal		
Other	Merger			
Annual Report Fictitious Name Name Reservation	REGIST QUALIF Foreign Limited Partne Reinstatement	rship	TO THE LEAVE OF THE PARTY OF TH	
	Trademark		4. 1. 2. E. O. C.	
	Other		(P. (), 6,	

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Fursiant to the provisions of sections out.0302(2), 617.0302(2), 607.1309, 61 617.1309,				
Florida Statues, the undersigned, Show White (Name of registered agent)				
hereby resigns as Registered Agent for Sland, Floring, [No. (Name of corporation)]				
A copy of this resignation was mailed to the above listed corporation at its last known address.				
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.				
Signature of resigning agent) (Signature of resigning agent)				
(Signature of resigning agent)				
If signing on behalf of an entity:				
SNaw White (Typed or Printed Name)				
Registered agent				

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

Island Flooring - 6839 South US 1 Bort St Lucic, F1, 34952 City/State/Zip Phone# Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 100002262751--6 -08/11/97--01036--001 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Photocopy Will wait Certificate of Statu Mail out NEW FILINGS AMENDMENTS -Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Caronous of Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION ! Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.02	
undersigned corporation organized under the laws of the	
submits the following statement in order to change its re	egistered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation is:	12.20 Einer Los
1. The name of the corporation is:	AND I COOKING, INC.
0.77	539 5 US 1
2. The mailing address of the corporation is:	
Port St. Loc	cie, FL. 34952
3. Date of incorporation/qualification: 12-26-96 4. The name and address of the current registered agent a	
Snow	White
	<u> </u>
	1
- Port St.	Locie, Fc 34953
5. The name and address of the new registered agent and	d office: (P.O. Box Not Acceptable)
Pamela S.	Sazanow Zo o
1927 SE	Vankley Ave 50 5
D -1 C1	
TOIT OF.	Locie, FL 349 = ==
The street address of its registered office and the street a agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted to authorized by the board.	by its board of directors or by an officer so
Kunga I A mangan	8/110-
(Signature of an officer, chairman or vice chairman of the board)	(Date)
P	
(Printed or typed na	ame and title)
Having been named as registered agent and to accept se I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligation of my p	ervice of process for the above stated corporation, I agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent.
(Signature of Regristered Agent)	8/4/97 (Date)
If signing on behalf of an entity:	
	01
(Typed or Printed Name)	(Capacity)
CR2E045(1/95)	FILING FEE: \$35,00