

P97000004507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

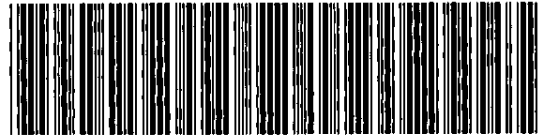
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100138373971

12/08/08--01001--007 **43.75

RECEIVED

08 DEC -5 PM 3:11

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang
C. COULLETTE

DEC 08 2008

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 12/05/2008

REF. #: 001646.96533

CORP. NAME: TONY'S RESTAURANT DISTRIBUTION SERVICES, INC.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

(XX) OTHER: CHANGE OF AGENT FILING

STATE FEES PREPAID WITH CHECK# 508545 **FOR \$** 43.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

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: TONY'S RESTAURANT DISTRIBUTION SERVICES, INC.
2. The principal office address: 1901 N. MILITARY TRAIL
BOCA RATON, FL 33431
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01-15-1997 Document number: P97000004507

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)

ANTHONY & LAURIE BOVA
1901 N. MILITARY TRAIL
BOCA RATON, FL 33431

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

ROTHSTEIN ROSENFELD ADLER
401 E. LAS OLAS BLVD, STE 1650
(P.O. Box NOT acceptable)
FT. LAUDERDALE, FL 33301

FILED
09 DEC -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

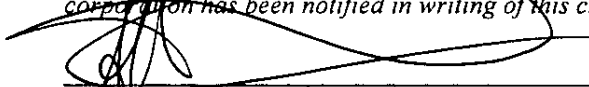
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.

(X) 
(Signature of an officer or director)

Anthony Bova, Director
(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.


(Signature of Registered Agent)

12/1/08
(Date)

If signing on behalf of an entity:

SCOTT W. ROTHSTEIN, CHAIRMAN/CEO
(Typed or Printed Name)

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