P97000047157

(Re	questor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2007

SALVATORE TIZZONE KITCHENS OF SOUTH FLORIDA, INC. 315 W 75 PLACE HIALEAH, FL 33015

SUBJECT: KITCHENS OF SOUTH FLORIDA, INC.

Ref. Number: P97000047157

We have received your document for KITCHENS OF SOUTH FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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 total amount due is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 707A00037344

07 JUN -7 AM 8: 0

The total among Jury is 906,00.

CONTROL OF THE STATE OF THE COURSES AND MARKET CONTROL OF

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporation	18		
SUBJECT: KITCHENS OF	SOUTH FLORIDA, IN (Name of Corpo	C ration)	
DOCUMENT NUMBER: PS	7000047157		
		ent and fee are submitted for filin	ng.
Please return all correspondence	e concerning this matter to the	he following:	
SALVATOR	RE TIZZONE (Name of Contact	Person)	
KITCHENS	OF SOUTH FLORIDA, I (Firm/Compa		
<u>315 W 75 P</u>	LACE (Address)	· · · · · · · · · · · · · · · · · · ·	
HIALEAH, F	_ 33015		
	(City/State and Zi	p Code)	
For further information concern	ing this matter, please call:		
SALVATORE TIZZONE	at	(305) 698-8889	07
(Name of Conta	ct Person)	(Area Code & Daytime Teleph	ione Number) U
Enclosed is a \$35.00 check made	e payable to the Departmen	t of State.	CEIVED Y 29 AM 8: 00
Ameno Divisi P.O. E	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

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

statement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organiz or to change its registered office or register	zed under the laws of the State	of_FLOF	RIDA
1. The name of	the corporation: KITCHENS OF SOUTH FL	ORIDA, INC		
	office address: 315 W 75 PLACE, HIALEA			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/29/1997	Document number: P970	00004715	7
	d street address of the current registered agetment of State:	ent and registered office on file	e with the	;
	PATRICK VIVES			•
	700 E DANIA BEACH BLVD # 20	2		-
	DANIA, FL 33004, US		ZZ C	.
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered	ECITIVE AT	
	SALVATORE TIZZONE		SEE	LE
	315 W 75 PLACE			
	(P.O. Box NOT acceptable) HIALEAH, FL 33015	West West		 2
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office	of its reg	istered agent,
	a authorized by resolution duly adopted to board or the corporation has been not			
(Signal)	are of an officer or director)	SALVATORE TIZZONE, D		
	the appointment as registered agent and to comply with the provisions of all statu of Fam familiar with and accept the oblig the filed merely to reflect a change in the speen natified in writing of this change.	l agree to act in this capacity tes relative to the proper and gation of my position as regis registered office address, I h	complete tered age tereby con	e performance ent. Or, if this nfirm that the
N. Company		5/22/0	7	
	gnature of Registered Agent)	(Daté)		
	half of an entity:			
SALVATORE	TIZZONE Typed or Printed Name)			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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