P97000091821

J. Mark Laczewski

ATTORNEY AT LAW

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June 3, 1999

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Salad Chef of Delray Beach, Inc.,

Dear Sir or Madam:

Enclosed please find two resignations of Directors/Officers, Amendment to Articles and Change of Registered Agent for the above corporation, together with the filing fee of \$140.00 for all of the above.

If you have any questions, please feel free to contact our office regarding same.

. Mark Laczewski

Yours Very Truly,

nonno2897130--7 -06/07/99--01143--010 ****140.00 ******35.00

JML/dmh

enclosure

1-14-6d

9 JUN -7 PM 4: 28

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

the undersioned	provisions of sections 607.0502, corporation organized under the owing statement in order to changed.	laws of the State ofFlorid	la	
1. The name of	the corporation is: Salad Ch	ef of Delray Beach,	Inc.	
2. The mailing	address of the corporation is:			
		Delray Beach, FL		
3. Date of inco	rporation/qualification: 10/23	/97 Document numb	er: <u>P97000091821</u>	
	d address of the current registered			
	210 NE 6th AVE			
	Delary Beach, FL 334	183		
5. The name an	d address of the new registered ag	gent and office: (P. O. Box Not	Acceptable	
	Maria de Lana		- FLO	
	210 NE 6th Ave		— 종류 28	
	Delary Beach, FL 334	184	<u> </u>	
The street addragent, as change	ress of its registered office and the	e street address of the business	office of its registered	
Such change y	yas authorized by resolution duly the board.	adopted by its board of director	ors or by an officer so	
P/1 /	on the late of the		5/31/99	
(Signatur	e of an officer, chairman or vice chairman o	f the board)	(Date)	
		 '-		
	(Printed or typed name and title)	7	•	
Having been r corporation, l I further agree performance o registered age	named as registered agent and to hereby accept the appointment a e to comply with the provisions of of my duties, and I am familiar wi ent.	accept service of process for t is registered agent and agree t fall statutes relative to the pro ith and accept the obligation o	he above stated o act in this capacity. per and complete f my position as	
maria de Lano			5/31/99	
If signing on beh	(Signature of Registered Agent) alf of an entity:	(Date)		
	(Typed or Printed Name)	(Capa	city)	
	(1) bott or 1 Immon 1 mms)			

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