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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Southsea Gourmet, Inc. (Name of Corporation)
DOCUMENT NUMBER:
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:
David Harper (Name of Contact Person)
Southsea Gourmet, Inc (Firm/Company)
11190 Biscayne Blvd. (Address)
Miami, Fl 33181  (City/State and Zip Code)
For further information concerning this matter, please call:
David Harper at (786 ) 251-2455 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the pro statement of chang	-		-	-	-		
					h, in the State o		
1. The name of the	corporation:_	5007	tsea (	journet	Inc.	·	
2. The principal of	fice address:	3774	NE	16774	St	ि <del>स्थानकार</del>	,,
		NONZH	MIXM	beach	+ Pt	3316	0
3. The mailing add	ress (if differe	nt):	St	ine_	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorpor	ation/qualifica	tion:	1998	Document_r	iumber:	65	0951
5. The name and st Florida Departm		the current reg	gistered ager	nt and registere	d office on file	with the	,
<del></del>		SULVIE	Ton	7054			
_	······································	3774	NE	1677	St		
		NM	IAMI	bench	R 3	31600	S⊠C
6. The name and st (if changed): —	reet address of	Pauline 1400 (P.O. Box NOT	Spa 185 Tacceptable)	if changed) and (1805  NH T-eli Scach	1/or registered 2ACC PL 3	office MAR - 6 PM 3:44	FILED CRETARY OF STATE ON OF CORPORATIONS
The street address as changed will be	identical.						agent,
Such change was a authorized by the	authorized by doard or the c		y adopted b been notif	7		Harre	<u>'/</u>
I hereby accept the I further agree to confirm duties, and I document is being corporation has be	e appointment comply with the am familiar v filed merely t cen notified in	as registered te provisions o with and accep o reflect a cha writing of this	agent and a f all statute of the obliga nge in the r s change.		=		mance if this at the
	ure of Registered A		<del></del>	<del> </del>	~ (Date)	, <sub>10</sub>	<del>- , .</del>
If signing on behal	f of an entity:						
(Туре	d or Printed Name	) *	<del></del>		- <del></del>	er ma	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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