199000/05850

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

	ment Section n of Corporations	
SUBJECT:	Ace Food Cox D (Name of Gorpo	oration)
DOCUMENT NUMBER: 1999000 105850		
The enclosed St	atement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	April Estrada (Name of Contac	t Person)
	Ace Food Co (Firm/Comp	arty)
555New 170th Court (Address)		
	Dunnellon FL (City/State and 2	3443Z_ (ip Code)
For further info	rmation concerning this matter, please call:	
April	Name of Contact Person)	t (352) 489 - 338 (Area Code & Daytime Telephone Number)
Enclosed is a \$3	5.00 check made payable to the Departmen	nt of State.
·	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

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

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