

P99000105873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

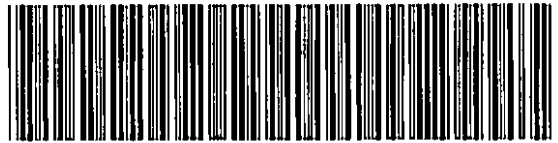
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restaurant Solutions

Name of Corporation

DOCUMENT NUMBER: P99000105873

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:

Sam Bajalia

Name of Contact Person

Restaurant Solutions

Firm/Company

831 North Palmetto Avenue

Address

Green Cove Springs, FL 32043

City/State and Zip Code

ssjcrs@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Bajalia

Name of Contact Person

904 284-4933

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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**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: Restaurant Solutions
2. The principal office address: 831 North Palmetto Avenue
Green Cove Springs, FL 32043
3. The mailing address (if different): 831 North Palmetto Avenue
Green Cove Springs, FL 32043
4. Date of incorporation/qualification: 12/03/1999 Document number: P99000105873
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)

Akel, Daniel D

One Independent Drive Suite 2301

Jacksonville, FL 32202

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

Sam Bajalia

831 North Palmetto Avenue

P.O. Box NOT acceptable

Green Cove Springs, FL 32043

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.

Amy Bajalia
Signature of an officer or director

Amy Bajalia

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.

Sam Bajalia
Signature of Registered Agent

May 4, 2018

Date

If signing on behalf of an entity:

SAM BAJALIA

Typed or Printed Name

***** 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 (03/12)

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