

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F03000001768

Entity Name: FOOD SERVICE RENOVATIONS, INC.

Current Principal Place of Business:

6820 KELLY AVENUE
MORROW, GA 30260

Current Mailing Address:

P.O. BOX 870069
MORROW, GA 30287

FEI Number: 58-2460450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEO
Name WHYTE, IAIN J
Address 11101 N 46TH STREET
City-State-Zip: TAMPA FL 33617

Title CFO
Name LOM, STEVEN
Address 11101 N 46TH STREET
City-State-Zip: TAMPA FL 33617

Title AUTHORIZED SIGNATORY
 (CONTRACTS)
Name CARR, BRADLEY
Address 11101 N 46 ST
City-State-Zip: TAMPA FL 33617

Title CHAIRMAN, AUTHORIZED
 SIGNATORY
Name GROSS, JR., JORGE A
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT,
 AUTHORIZED SIGNATORY
Name TEMPLETON, TROY D
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT,
 GENERAL COUNSEL, SECRETARY
Name GERSHMAN, DAVID
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

Title ASSISTANT SECRETARY
Name CALDERON, MICHELSA
Address 550 S DIXIE HWY STE 300
City-State-Zip: CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELSA CALDERON

ASSISTANT SECRETARY 07/27/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date