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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: January 9, 2015

Order#: 447601/015

Re: BUNGE LATIN AMERICA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1.	Na	me of the limited liability company: BUN	IGE LATIN A	MERICA	, LLC_			
2	(a)	2655 S. LeJeune Road		(b)	2655 S	S. LeJeune Road		
۷.	(a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE	ress of limited liability company: Mailing address of				limited liability company: POST OFFICE BOX	
		Miami FL 33	134	 	Miami		FL	33134
		11/01/2006		. <u>-</u>	L060001			
3.		Date of filing/registration in Flori	da	4.		Document number		
5	(a)	C T Corporation System						
٠.	(4)	Registered Agent and Registered Office shown on t	he records of tl	he Florida l	Dept. of Stat	te:		•
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIL	DA STREET A	DDRESS)		_		
		Plantaqtion	, FL_	33324		_	15 JAN	SECRE TALLAH
	(b)	Corporation Service Company				_	- 3	SAT
		Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered (Office add	ress:			RY OF
		1201 Hays Street					PM 12:	S.
		NEW Registered Office Address:				_	58	TATE)RIDA
		Tallahassee	FI	32301		_		
		Tallandooo	, 1 L_	02001		_		
th ag w	e cha gent v as/wa	imited liability company is not organized usinge or changes are made, the Florida strees will be identical. Or, in the case of a Floridate authorized by an affirmative vote of the icles of organization or the operating agrees.	t address of la limited lia members of	the regist bility con f the limi limited li	ered office npany, it ted liabilite ability con	ce and the business offi is hereby confirmed th ty company or as other	ice of the	e registered nange(s)
_	Signa	ture of a member or authorized representative of a m	ember	<u> </u>	71 11000,7	Printed or typed name of	signee	
pr th to	ovisi e obi mer	by accept the appointment as registered agions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered office d in writing of this change.	ent and agre d complete j as provided address, I h	ee to act performa I for in C vereby co	in this cap nce of my hapter 60 nfirm that	pacity. I further agree duties, and I am famil 5, F.S. Or, if this doci t the limited liability co	to comp liar with ument is ompany	oly with the and accept being filed has been
S	ignatı	re of Registered Agent Corporation Service	Company	BY: Gr	ace E. Ki	irby, Asst. VP		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00