L07000053600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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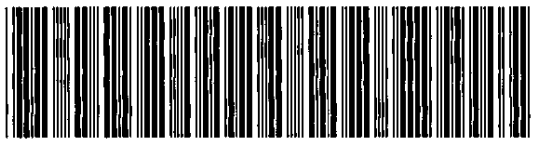

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B. KOHR

JUL 22 2008

EXAMINER

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 656762 4305390

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 25.00

ORDER DATE : July 22, 2008

ORDER TIME : 11:40 AM

ORDER NO. : 656762-005

CUSTOMER NO: 4305390

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: ACME SMOKED FISH OF FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER: _____

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Acme Smoked Fish of Florida, LLC

2. The mailing address of the limited liability company is : 30-56 Gem Street, Brooklyn, New York 11222

May 21, 2007
3. Date of filing/registration in Florida

L07000053600
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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6. The name and address of the new registered agent and/or office:

David Caslow
Name
c/o Acme Smoked Fish of Florida, LLC, 1400 SW 1st Court
Florida street address (P.O. Box NOT acceptable)

Pompano Beach FL 33069
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X _____
(Signature of a member or authorized representative of a member)

David Caslow, Manager
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X _____
(Signature of Registered Agent)

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

INHS18 (8/05)