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| (Re | questor's Name) | | | |
|-----------------------------------------|--------------------|-----------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | <u> </u> | | |
| (Cit | ty/State/Zip/Phone | • #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| JUL 2 3 2013 | | | | |
| A. LUNT | | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Produce-ing Results LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Agnes L. Fitton

Name of Person

Produce-ing Results LLC

Firm/Company

5778 NW 127th Terrace

Address

Coral Springs , FL 33076

City/State and Zip Code

Agnes@FreshResultsLLC.com

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

For further information concerning this matter, please call:

Agnes Fitton

...954

801-9186

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÍMITED 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. Na | ame of the limited liability company: Produce-ing Results | International, LLC | 2 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| • | D: 1 1 CC 11 C1 14 (11-11) | 5770 NNA 40715 Tarres | |
| 2. (a) Principal office address of limited liability compa | | | |
| | (Note: MUST BE STREET ADDRESS) | Coral Springs FL 33076 | |
| | | | |
| (h) | Mailing address of limited liability company: | 5778 NW 127th Terrace | |
| (0, | (Note: MAY BE POST OFFICE BOX) | Coral Springs FL 33076 | |
| | (Note: MIT BET OUT OF THE BOX) | | |
| July 18, | 2013 | L99000007479 | |
| | ate of filing/registration in Florida | 4. Document number | 72 |
| J. D. | ate of fitting/registration in Florida | 4. Document number | 731.3 |
| 5 (6 | Designated Agent and Registered Office shown a | n the records of the Flori | da Dani offstrate. |
| 5. (a | Registered Agent and Registered Office shown o | if the recolds of the Fiori | |
| | Registered Agent: | Agnes L Fraga | S 22 |
| | | | 100 TO 111 |
| | Registered Office Address: | 2800 Glades Circle | |
| | | Suite 104 | |
| | | Weston FL 33327 | <u> </u> |
| | | | 1. — |
| (b |) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office a | <u>iddress</u> : |
| | NEW Registered Agent: | Agnes L Fitton | |
| | NEW Registered Office Address: | 5778 NW 127th Terrace | |
| | (MUST BE FLORIDA STREET ADDRESS) | | |
| | | Coral Springs | ,FL_33076 |
| confi and t liabil the m the o | limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change nembers of the limited liability company or as other perating agreement of the limited liability company when he was a support of member or authorized representative of a member | Florida street address of entical. Or, in the case of (s) was/were authorized wise provided in the artists. | `the registered office f a Florida limited by an affirmative vote of |
| Printe | L Fitton d or typed name of signee reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the l am familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to | l agree to act in this cap proper and complete per | acity. I further agree to formance of my duties, |
| <u>uaar</u> | the familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to be est, I hereby confirm that the limited liability compositive of Registered Agent | position as registered ag nerely reflect a change i any has been notified in t | gent as provided for the new tree office writing of this change. |

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