P04000017728

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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2025 MAY -2 AM II: 33

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 05/02/25 Order #: 1954675-7

Re: INNOVATIVE FOOD HOLDINGS, INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or regist	nized under the las	vs of the State of		his 	_
1. The name of the	he corporation: INNOVATIVE FOOD He	OLDINGS, INC.				
	office address: 9696 Bonita Beach Roa		a Springs, FL 341	135		
3. The mailing as	ddress (if different): 2528 S. 27th Aven	ue Suite 208 Bonil	ta Springs, IL 34	135		
	oration/qualification: 01/26/2004					
	street address of the current registered attention of State; (If resigned, enter resign		d office on file w	ith the		
	VP Accounting			_		
	9696 Bonita Beach Road Suite 208					
	Bonita Springs	FL	34135	IAI	202	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are re					
	1201 Hays Street	···		- FĽ	AM II: 33	
	P.O. Box NOT acceptable Tollaboration P.O. Box NOT acceptable Tollaboration Fig. 32301					
	Tallahassee	FL	32301	A A	ယ်	
The street addre	ss of its registered office and the street be identical.	address of the bu	siness office of i	ts register	red age	ent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	ed by its board of contined in writing o	lirectors or by an of the change.	officer s	0	
/S/ Gary Schub	ert	Gary Schubert		CFO		
•	e of an officer or director	Print	ed or typed name and t	itle	_	_
I furthér agrée t of my duties, and document is bein corporation has	the appointment as registered agent at o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in the been notified in writing of this change n Service Company	tutes relative to th ligation of my pos he registered offic	this capacity. e proper and cor ition as registere e address, I here.	nplete per ad agent. by confiri	rforma Or. if n thát	ince this the
By: I)	ca Tokubi	04/29/2025				_
Sign	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
Ту	rped or Printed Name * * * FILING F	EE: \$35.00 * * *				

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)