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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

: (850)617-6380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

REGISTERED AGENT CHANGE

GARDNER'S SUPER MARKETS, INC. NO. 1

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	the corporation is: GARDNER'S SUPER MARKETS.	INC. NO. 1
2. The principal MIAMI FL	l office address: 7301 SW 57TH AVENUE 33143	Northwest or the state of the s
	address (if different):	No. 100 (100 (100 (100 (100 (100 (100 (100
4. Date of incorp	rporation/qualification: 3/3/1952 Document	nt Number: 168188
5. The name and Florida Depar	ed street address of the current registered agent and reginartment of State: DIAZ, JUAN ESQ	stered office on file with the
	MIAMI FL 33166	
6. The name and (if changed):) and /or registered office
Corporate Creations Network Inc. 11380 Prosperity Farms Rd #221E		
	(P.O. Box Not acceptable)	148
	Palm Beach Gardens FL 33410	
The street addreagent, as change	ress of its registered office and the street address of t	he business office of its registered
authorized by th	was authorized by resolution duly adopted by its boathe board, or the corporation has been notified in writing	of the change.
(Signat	Carlos Bared, President by Y. Ogurchik	ova as attorney-in-fact
I hereby accept	the appointment as registered agent and agree to act is	n this capacity.
I further agree performance of agent. Or, if the hereby configns to the second of the	e to comply with the provisions of all statutes rela fmy duties, and I am familiar with and accept the oblights document is being filed merely to reflect a change that the dorporation has been notified in writing of this	tive to the proper and complete ation of my position as registered in the registered office address. I
(Signat	nture of Registered Agent)	(Date)
If signing on bel	chalf of an entity:	
Samantha Simor	ons, Asst. Secretary	
	ed of Printed Name) MAKE CHECKS PAYABLE TO FLORIDA DEPAY MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 632	RTMENT OF STATE 7. TALLAHASSEE, FE 32314
11380 Prosperi	eations International Inc. rity Farms Road #221E iardens FL 33410 7	FILED NOV 16 PH 3