683448

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
SBG FARMS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$35.00

RA Change
07-26-13
PC

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

Pursuant to the provisions of sections 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: SBG FARMS, INC.
2. The principal office address: 111 PONCE DE LEON AVENUE
   CLEWISTON, FL 33440
3. The mailing address (if different): 111 PONCE DE LEON AVENUE
   CLEWISTON, FL 33440
4. Date of incorporation/qualification: 09/08/1980 Document number: 683448
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   BERNARD, GERARD A

   111 PONCE DE LEON AVENUE

   CLEWISTON, FL 33440

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   EDWARD ALMEIDA

   111 PONCE DE LEON AVENUE
   P.O. Box NOT acceptable

   CLEWISTON, FL 33440

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Kristine Roy, Attorney-in-Fact
Printed or typed name and title

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 obligation of my position as registered agent. (Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

07/26/2013
Date

If signing on behalf of an entity:

Kristine Roy, Attorney-in-Fact
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)