I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSMAR A FUENTES LALAITE

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

2045 SCRUB JAY RD. APOPKA, FL 32703 US

FEI Number: 47-1580443

Name and Address of Current Registered Agent:

Entity Name: FOOD CONCEPTS NETWORK, LLC

HIRALDO, MARIEVA 2045 SCRUB JAY RD. APOPKA, FL 32703 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: MARIEVA HIRALDO			06/10/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	HIRALDO ESPADA, MARIEVA	Name	FUENTES LALAITE, OSMAR A	
Address	2045 SCRUB JAY RD.	Address	2045 SCRUB JAY RD.	
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703	

MANAGER

06/10/2020 Date

FILED Jun 10, 2020 Secretary of State 2108166371CC

Certificate of Status Desired: No

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

DOCUMENT# L14000123000

2045 SCRUB JAY RD. APOPKA, FL 32703