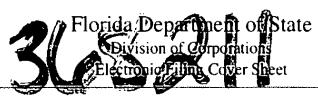
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:	 	<del> </del>	<del> =</del>	

## **REGISTERED AGENT CHANGE FYFFES NORTH AMERICA INC.**

Certificate of Status	0
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## J. HORNE

APR - 7 2022

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

•	· ·	17.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Flori			
		registered agent, or both, in the State of Florida			
1. The name of t	he corporation: FYFFES NORTH	AMERICA INC.			
2. The principal	office address: 999 Ponce De Leon	Boulevard, 900, CORAL GABLES, FL 33134	<del></del>		
			<del></del>		
4. Date of incorp	coration/qualification: 08/11/1970	Document number: 368211			
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	!		
	TIM D HENKEL, ESQ.				
	1730 MAIN STREET, SUITE 228				
	WESTON, FL 33326		2022 SE( TALL		
6. The name and street address of the new registered agent (if changed) and /or registe (if changed):			2022 APR -6 AM 8: 31 SECRETARY OF STATE ALLAHASSEE, FLORED		
	Corporate Creations Network Inc.		Y OF		
	801 US Highway 1		H & 3		
	P.O. Box NOT acceptable  North Palm Beach, FL 33408				
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its regi	stered agent,		
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an office een notified in writing of the change.	er so		
<i>\</i>		Jenisa Irizarry, Attorney-in-Fact			
- 1.	e of an officer or director	Printed or typed name and title			
l further agree t of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept to	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered ages e in the registered office address. I hereby con hange.	nt. Or, if this		
[].		04/06/2022			
	inture of Registered Agent	Date			
If signing on bel	half of an entity:				
Jenisa Irizarry, A	ttorney-in-Fact				
Ту	ped or Printed Name				