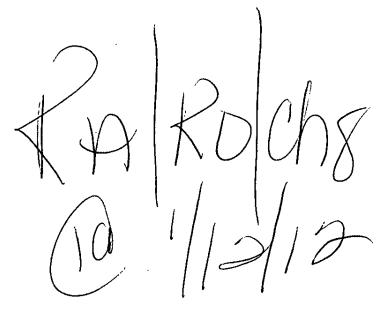
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COVER LETTER

TO: Amendment Section Division of Corporations Name of Corporation 70593 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/State and Zip Code For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CR2E045 (8/05)

or exercise

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Phil's Eake Box Bakeries, The
2. The principal office address: 5000 Eagle Truil Drive
Tampa, F1. 33634
3. The mailing address (if different):
4. Date of incorporation/qualification: 164/950 Document number: 370593
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)
- Robert Warrhola
101 E. Krungdy Blud Ste 2800
Tampy, 71. 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RICK Alvaryz = ==
742 South Village dirite 22
Tampa, F1. 33606 ~ 825
The street address of its registered office and the street address of the business office of its registered agency as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer sea authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Frinted 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 documents being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporates has been notified in writing of this change. DECEMBER 15, 2011
Streature of Registered Agent Date If signing on behalf of an entity:
ALVAPEZ GAPCIA

* * * 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 (8/05)