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Special Instructions to	Filing Officer:				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000	00195		
	REFERENCE	:	997492	8426871		
	AUTHORIZATION	:	10	Via		
	COST LIMIT	:	\$ 35-,00	under	<u> </u>	
ORDER DATE : S	eptember 20, 20	23		·		
ORDER TIME : 1	_	_ -				
ORDER NO. : 9						
CUSTOMER NO:						
	*	 -			·	
CHANGE OF AGENT						
NAME:	CALAVO GROWER	S,	INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFI XX PLAIN S	ED COPY TAMPED COPY					
CONTACT PERSON:	Alexxis Weila	nd-:	sorenson			
	EX	AMI	NER'S IN	ITIALS:		

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporatio ir to change its registered office o	n organized under the laws	of the State of CA	<u>-</u>
1. The name of	the corporation: CALAVO GROW	/ERS, INC.		
2. The principal	office address: NGS RD SANTA PAULA, CA 93			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/25/200	Document nui	mber: F02000005901	
	I street address of the current registment of State: (If resigned, enter		office on file with the	
	C T CORPORATION SYSTEM	i		
	1200 SOUTH PINE ISLAND R	DAD		
	PLANTATION	FL :	33324	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /o	or registered office	
	Corporation Service Company			_
	1201 Hays Street			
		P.O Box NOT acceptable		
	Tallahassee	FL :	32301	: o
_	ess of its registered office and the be identical.			red agent.
Such change wa authorized by th	as authorized by resolution duly a board, or the corporation has b	adopted by its board of dire been notified in writing of t	ectors or by an officer s the change.	0
Xie 2	aoni	Jill Cilmi,	•	
I further agree to of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of a lam familiar with and accept a fled merely to reflect a change been notified in writing of this a Service Company	gent and agree to act in thi all statutes relative to the p the obligation of my position to in the registered office a	or typed name and title is capacity, proper and complete pe, on as registered agent, address, I hereby confirm	rformance Or, if this m that the
By: Drace	Z-Kubl.	09/27/20	23	
Sig	nature of Registered Agent half of an entity:		Date	
Grace E. Kirbv.	Asst. Vice President			
	pped or Printed Name	_		

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