## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 Phone

: (850)521-1000 : (850)558-1575 Fax Number

## REGISTERED AGENT CHANGE

## MOJAVE FOODS CORPORATION

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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

	•	
	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ti	
· - , , ,	oration organized under the laws of the State of Marylan	<u>1d</u>
_	ffice or registered agent, or both, in the State of Florida.	
1. The name of the corporation: MOJAV		
2. The principal office address: 7640 NV	W 78th Terrace, Miami, FL 33166	
	<u>:</u>	
3. The mailing address (if different): 6200	E. Slauson Ave., Los Angeles, CA 90040	
4. Date of incorporation/qualification: 06	22-2006 Document number: F0600000434	8
5. The name and street address of the current Florida Department of State:	nt registered agent and registered office on file with the	
Padron, Luis	<u> </u>	
7640 NW 78th Terra	ace	
Miami, FL 33166		*** •
6. The name and street address of the new re (if changed):	egistered agent (if changed) and /or registered office	8 OCT
Corporation Service	Company	2 3 ;
1201 Hays Street	· ·	
	( NOT acceptable)	ion ion
<u>Tallahassee, FL 32</u>	<u> 301</u>	黨 三
The street address of its registered office a as changed will be identical.	nd the street address of the business office of its registere	ed agent.
Such change was authorized by resolution authorized by the board, or the corporation	duly adopted by its board of directors or by an officer so	ı
Cra M By	Craia Berger CF	
(Signature of 40 Ottoor or deteror)		
I further agree to comply with the provision of my duties, and I am familiar with and a document is help a filed metals to reflect a	red agent and agree to act in this capacity, ns of all statutes relative to the proper and complete per cept the obligation of my position as registered agent.	formance Or, if this
corporation has been notified in writing of Corporation, Service Company	change in the registered office address, I hereby confirm this change.	tomi me
(Signature of Registered Agent)	anoy 10-da-08	
	J (Daile)	
If signing on behalf of an entity:		
Michelle R. Vannoy, Asst. VP		
, , ,	 	
	ABLE TO FLORIDA DEPARTMENT OF STATE	
	TRATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	