## F13000004979

<del></del>	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
-···	(Business Entity Name)	
	(Document Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

PHone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 72,0014 5042660					
AUTHORIZATION: 72,00147 5042660					
COST LIMIT : \$ 35.00					
OPDED DATE . May 4 2022					
ORDER DATE: May 4, 2023					
ORDER TIME: 8:58 AM					
ORDER NO. : 720014-005					
CUSTOMER NO: 5042660					
CHANGE OF AGENT					
NAME: TAYLOR FARMS FLORIDA, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation o	organized under the law	vs of the State of DEL	AWARE		
	r to change its registered office or r	<i>y</i>	h, in the State of Flori	da.		
1. The name of t	he corporation: TAYLOR FARMS	FLORIDA, INC.				
2. The principal ORLANDO, FL	office address: 7492 CHANCELLO	R DR				
3. The mailing a	ddress (if different): 150 Main Stre	et Suite 400 Salinas, C	CA 93901			
	oration/qualification: 11/13/2013		number: F130000049	79		
	street address of the current registe tment of State: (If resigned, enter re		d office on file with th	2023 HAY 1		
	Bolash, Anthony			芸		
	7492 Chancellor Dr			1		
	Orlando	FL	32809	量		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and	l /or registered office	1.1 (1)		
	1201 Hays Street	O. Box NOT acceptable				
	Tallahassee	FL	32301			
The street addre as changed will	ss of its registered office and the s be identical.	treet address of the bus	siness office of its reg	gistered agent,		
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of den notified in writing o	irectors or by an offind the change.	cer so		
	e of an officer or director	John Mazzei, S	ecretary of or typed name and title			
I hereby accept a I further weree to of my duties, and document is bein corporation has	the appointment as registered age to comply with the provisions of all I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha Service Company	nt and agree to act in t l statutes relative to the e obligation of my posi in the registered office	his capacity. proper and complet	e performance ent. Or if this onfirm that the		
By: L L	anure of Registered Agent	05/04/2023	Date			
If signing on bel						
	Asst Vice President ped or Printed Name					

\* \* \* 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 (04/13)