

F160000000 227

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From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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Help

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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Principe Foods, Inc.
2. The principal office address: 3553 Atlantic Ave #1121
LONG BEACH, CA 90807
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/14/2016 Document number: F16000000227
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)

Registered Agent Inc.

3030 N Rocky Point Dr Suite 150A

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and for registered office (if changed):

Registered Agents Inc.

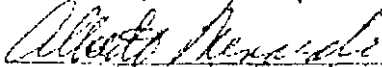
3030 N. Rocky Point Dr. STE 150A

(P.O. Box NOT acceptable)

Tampa FL 33607

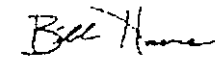
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Alberto Minardi, CEO & General Manager
Printed 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 document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

7/18/2018

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKES CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F015 (03/12)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
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