## F21000004475

(Re	questor's Name)	
(Ad	dress)	
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(Adi	dress)	<u>_</u>
(Cit	y/State/Zip/Phone #	#)
(Bu	siness Entity Name	e)
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(Do	cument Number)	
Cettified Copies	- Certificates o	of Status
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Special Instructions to	Filing Officer;	

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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOU	MT	NO.	:	1200000	0019	€		
			REF	FERE	NCE	:	126237		8084104		
			AUTHORI	IZAT	ION	:	Frank	Col e	end	)	
			COST	C LI	MIT	:	\$ (35.00	)			
ORDER	DATE	:	November	9,	2022						
ORDER	TIME	:	2:35 PM								

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ORDER NO. : 126237-010

CUSTOMER NO: 8084104

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## CHANGE OF AGENT

NAME: PRODUCEPRO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXX\_\_\_\_\_PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

1. The name of the corporation: PRODUCEPRO, INC.

2. The principal office address: <u>9014 HERITAGE PKWY</u>. #304

WOODRIDGE, IL 60517

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 08/05/2021 Document number: F21000004475
- 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)

C T CORPORATION SYSTEM	122 H(		
1200 SOUTH PINE ISLAND ROAD		. V.	
	FL 33324	A A A	

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

Corporation Service Con	npany
1201 Hays Street	
· <u></u>	P.O. Box_NOT acceptable
Tallahassee	FL 32301

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.

Katherine	Dunn
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Signature of an officer or director

Katherine Dunn, VP & Secretary

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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. Thereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company KNO: By: Signature of Registered Agent

11/09/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President

Typed or Printed Name

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

MAKE CHECKS PAYARI E TO FLORIDA DEPARTMENT OF STATE