

F9500000 3134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

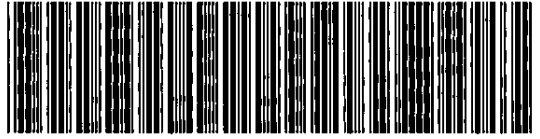
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NORTH BAY PRODUCE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F95000003134

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARK A. GIRARDIN  
Name of Contact Person

NORTH BAY PRODUCE, INC.  
Firm/Company

PO BOX 988  
Address

TRAVERSE CITY, MI 49685  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK A. GIRARDIN at ( 231 ) 946-1860  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2009

MARK A GIRARDIN  
P.O. BOX 988  
TRAVERSE CITY, MI 49685

SUBJECT: NORTH BAY PRODUCE, INC.  
Ref. Number: F95000003134

We have received your document for NORTH BAY PRODUCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an officer or director sign authorizing the change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 509A00017672

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

- 1. The name of the corporation: NORTH BAY PRODUCE, INC.
- 2. The principal office address: 1771 N. US 31 SOUTH, TRAVERSE CITY, MI 49684
- 3. The mailing address (if different): PO BOX 988, TRAVERSE CITY, MI 49685
- 4. Date of incorporation/qualification: JUNE 28, 1995 Document number: F95000003134
- 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)

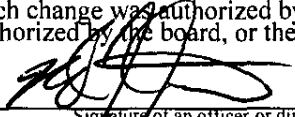
MICHAEL A. BURGOS  
8900 NW 35TH LANE  
MIAMI, FL 33172

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 TALLAHASSEE FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- VINCENT E. SCHINDELER, P.A.  
633 S.E. 3RD AVENUE, SUITE 4-R  
P.O. Box NOT acceptable  
FORT LAUDERDALE, FL 33301

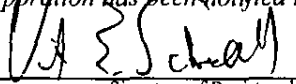
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Mark A. Giacardin President  
 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

5/18/09  
 Date

If signing on behalf of an entity:  
Vincent E. Schindeler  
 Typed or Printed Name

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