## Florida Department of State Division of Corporations

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: (850)617-6380

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Erom:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 : (850)521-1000 Fax Number

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## REGISTERED AGENT CHANGE ALPINE FRESH, INC.

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November 13, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALPINE FRESH, INC. 9300 SW 58 ST SUITE 201 MIAMI, FL 33178

SUBJECT: ALPINE FRESH, INC.

REF: K11857

RESIBUIT

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Tina Roberts Regulatory Specialist II FAX Aud. #: H09000240512 Letter Number: 509A00035457



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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Alpine Fresh, Inc.		
2. The principal	office address: 9300 SW 58 Street.	c, Suite 201, Miami, FL 33178	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification:	Document number: K11857	
	i street address of the current registered ag tment of State:	gent and registered office on file with the	
	Jose Sanchez		
	9300 SW 58 Street, Suite 201		09 NOV 13
	Miami, FL 33178		5
6. The name and (if changed):	i street address of the new registered agent	at (if changed) and for registered office	
	Corporation Service Company	/	AM IO: U
	1201 Hays Street		2
	(P.O. Box NOT acceptable)	1	
•	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered age	ent,
Such change was authorized by I	es authorized by resolution duly adopted beard, or the corporation has been not	thy its board of directors or by an officer so diffied in writing of the change.	
	and the second	Jose B. Sanchez, Jr., President	
,	ue of an officer or director)	(Printed or typed name and title)	_
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete performa igation of my position as registered agent. Or, if t e registered office address, I hereby confirm that	nce this the
By: Axaa	Deschillet V.P	Nov. 12, 2009	
(Sig	mature of Registered Agent)	(Date)	-
If signing on be	half of an entity:		
	S. Haeselin, Asst. V.P.		
``	* * * FILING FE	E: \$35.00 * * *	