L01000007151

Office Use Only



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10/24/16--01016--005 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | | 430 | | | | | |
|--|---------------------|---|--|--|--|--|--|
| SUBJECT: FREEDOM FRESH, LLC. | FREEDOM FRESH, LLC. | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Off | fice Change and | d fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning th | nis matter to the | following: | | | | | |
| JORGE VAZQUEZ | | | | | | | |
| Name of Person | | _ | | | | | |
| FREEDOM FRESH, LLC | | | | | | | |
| Firm/Company | | | | | | | |
| 11001 NW 124TH STREET | | | | | | | |
| Address | | | | | | | |
| MEDLEY, FL 33178 | | | | | | | |
| City/State and Zip Code | | _ | | | | | |
| JVAZQUEZ@FREEDOMFRESH.COM | Л | | | | | | |
| E-mail address: (to be used for future and | nual report noti | fication) | | | | | |
| For further information concerning this matter | , please call: | | | | | | |
| JORGE VAZQUEZ | 305 | 715-5700 | | | | | |
| Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 | Ri D P. | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following | g amount: | | | | | | |
| △ \$25 Filing Fee | □ \$ | 555 Filing Fee & Certified Copy | | | | | |
| INHS18 (2/14) | | | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: FREEDOM F | FRESH | 1, L | LC. | | | |
|--|---|--|------------------------------|--|--|--|--|
| | Principal office address of limited liability company: | | | | Mailing address of limited liability company: | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Ν | Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 11001 NW 124TH STREET | | | 11001 N | W 124TH STREET | | |
| | MEDLEY, FL 33178 | | - | MEDLE' | Y, FL 33178 | | |
| | 05/07/2001 | | L | .0100000 | 07151 | | |
| 3. | Date of filing/registration in Florida | 4. | _ | | Document number | | |
| 5. (a) | | | | | | | |
| ` ' | Registered Agent and Registered Office shown on the records of | f the Flori | da E | Dept. of State | · :: | | |
| | VAZQUEZ, JORGE | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 8901 NW 33 STREET, STE 100 | 16 OC: SECRE ALLAH | | | | | |
| | MIAMI , FI | _L 3317 | 2 | | OCT 24 AHASSE | | |
| (b) | JORGE VAZQUEZ | | | | ## # | | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered | d Office a | addr | ess: | 7.a. | | |
| | VAZQUEZ, JORGE | | | | 7.38 STATE LORIDA | | |
| | NEW Registered Office Address: | | | | | | |
| | 11001 NW 124TH STREET | | | | | | |
| | MEDLEY, FI | _3317 | 8 | | | | |
| the changent was/w | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members intes of organization or the operating agreement of the | ws of the reging the factor of the line of | ne S gisto con imit | ered office ipany, it is ed liability | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | | |
| 1/1 | 1/12/2/ | | | Jorge | Valeur Printed of typed name of signee | | |
| | dure of a member or authorized representative of a member | | | | | | |
| I fere provis the ob to mer notifie | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I all mitting of this change. | ree to a e perfor ed for in hereby | ict i man i Cl cor | n this cape nce of my e napter 605 nfirm that i | ucity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | | |
| Signate | ire of Registered Agent | | | | | | |
| , | | Day 42 | 17- | Tallaka- | oo El 2221d | | |
| Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | | |