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(Requestor's Name)		
(Address)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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08 MAY 27 AM II: 12
SECRETARY OF STATE
TAIL LAHASSEE FLORIDA

M. Thomas MAY 2 o 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SUGAR HOLDI (Name of Lin	mited Liability Company)	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
10se Garcia-Pedeosp (Name of Person)	<del>1</del>		
FARM STORES COPPOR	ation	- 08 - 28	
18001 Old Cutter Road, Suite \$370		MAY 27 AI	
Palyeto Bay, FL 33157 (City/State and Zip Code)		AM II: 12	
For further information concerning this matter, pl	lease call:		
105e GURCIA- PRO ROSA at (Name of Person)	(Area Code & Daytime Telephone Number)	_2210	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:		
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

in the state of Pioriaa.	
1. Name of the limited liability company:	iar Holdings, L.C.
<ul> <li>(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)</li> <li>(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)</li> </ul>	9552 SW 51 ST CO ROBERTO PERKINS Mami, FL 33173 Same as Above
3. Date of filing/registration in Florida	L01000021995 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	COPPORATE Cleations 地数0色工作
Registered Office Address:	Palu Beach Gardens, FLESSUE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Jose Garcia-Pedrosa
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18001 Old Cutter Road, suite 371
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change (s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business
(Signature of a member or authorized representative of a member)	-[ ] -
(Printed or typed name of signee)	- 5/22/08
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited hability company has been notifie	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Signature of Registered Agent)