

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000036737

FILED
Oct 25, 2004
Secretary of State

Entity Name: INGLES DIVERSIFIED HOLDINGS, LLC

Current Principal Place of Business:

16 SE NORFOLK BLVD
STUART, FL 34997 US

New Principal Place of Business:

1673 SW BELLEVUE AVENUE
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

16 SE NORFOLK BLVD
STUART, FL 34997 US

New Mailing Address:

1673 SW BELLEVUE AVENUE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-0252939 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INGLES, JOSEPH F
16 SE NORFOLK BLVD
STUART, FL 34997 US

Name and Address of New Registered Agent:

INGLES, JOSEPH F
1673 SW BELLEVUE AVENUE
PORT SAINT LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH F INGLES

10/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: INGLES, JOSEPH F
Address: 16 SE NORFOLK BLVD
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INGLES, JOSEPH F
Address: 1673 SW BELLEVUE AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH F INGLES

MGRM

10/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date