

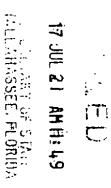
uestor's Name)	
ess)	
(Address)	
State/Zip/Phon	e #)
MAIT	MAIL
ness Entity Nai	me)
(Document Number)	
Certificate	s of Status
Special Instructions to Filing Officer:	
	ess) State/Zip/Phon WAIT ness Entity Naturent Number Certificate

Office Use Only



300301592523

07/21/17--01907--013 **25.00



JUL 2 6 2017 Y SULKER

COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

	SUBJECT: EVECGIGGES FRUITSTANCE LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:		
Martha Frassica Rivera	d		
EVERGIANTS Fruitsia	nd LLC		
35001 5W 192 AVE. Address			
HMUSTCAD F1 33034 City/State and Zip Code			
EVERTUGES 19 FUGE @ 901 E-mail address: (to be used for future annual rep	. COM port notification)		
For further information concerning this matter, please	e call:		
Maitha Frassice Rivera at (766) 353-3419 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
☑ \$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 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. Name of the limited liability company: EVECGIACLES FYUITS FANOL
2. (a) 365001 Sw 192 Ave (b) Syml Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Homestead F1 33034
7 Ot Jaco4 Date of filing/registration in Florida LU4 0000 49784 Document number
5. (a) BARBARA TANKY Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Homesteal FL 33034
(b) Marting Frassica Rivera Enter name of NEW Registered Agent and/or NEW Registered Office address: 35001
NEW Registered Office Address:
Homestead FL 33034
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Robert FREER Printed or typed name of signee
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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Pagistered Agent