Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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: Highland Fre	sh Tech	inologies,	LLC		alametriare program van van van van de Arabit de Arabit de Arabit de Arabit (Arabit Arabit Arabit Arabit Arabit	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1420 Gordon Food Service Drive				
	1420 Gordon Food Service Drive						
	Plant City, Florida 33563	<u> </u>					
	08/19/2005		L0500008	32605			
3.	Date of filing/registration in Florida .	4.	The second secon	Document no			
5. (a)	Steven Maxwell						
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	300 N.W. Phosphate Boulevard						
	Mulberry F						
(b)	78 21 AS 21						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			LECRE JUN			
				TAR			
	NEW Registered Office Address:			. EE.	0	M	
	1420 Gordon Food Service Drive			FLO	다 당	O	
				REAL	: 00		
	Plant City , F	1.33563		.	0		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited by the authorized by an affirmative vote of the members licles of organization or the operating agreement of the	of the regi liability co of the lin e limited	stered office ampany, it is nited liability liability com	and the busi s hereby conf y company of many.	ness of irined to as other	fice of the registered hat the change(s)	
Sign	ature of a member or authorized representative of a member			Printed or type	d name o	of signee	
I here provis the ob to men notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, i red in writing of this analoge	tree to ac e perform led for in d I hereby c	t in this capt ance of my c Chapter 603 onfirm that	acity. I furth duties, and I , F.S. Or, if the limited li	er agre am fam this doc ability c	e to comply with the ulior with and accept cument is being filed company has been	
Signin	ore of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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