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| (Re | questor's Name) | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer | | | | | |
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Office Use Only



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S. WARREN JAN 03 2018

COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Divi | sion of Corporations | | | | | |
|-----------------------------|---|--------------|------------------------|---|--|--|
| SUBJECT: | CT: United States Sugar Molasses, LLC Name of Limited Liability Company | | | | | |
| | | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Offi | ice Change | and fe | e(s) are submitted for filing. | | |
| Please return | n all correspondence concerning the | is matter to | the fo | llowing: | | |
| Elaine Wo | ood | | | | | |
| | Name of Person | | | - | | |
| United Sta | ates Sugar Molasses, LLC | | | | | |
| <u> </u> | Firm/Company | | | - | | |
| 111 Ponce | e de Leon Avenue | | | | | |
| | Address | | | - | | |
| Clewiston | , FL 33440 | | | | | |
| | City/State and Zip Code | | | - | | |
| _ | ssugar.com | | | _ | | |
| E-mail | address: (to be used for future ann | ual report n | iotifica | ation) | | |
| For further i | nformation concerning this matter, | please call | : | | | |
| Elaine Wo | od | 863 at (| 3 | 902-2125 | | |
| | Name of Person | - | | Area Code & Daytime Telephone Number | | |
| Reg Divi Clift 266 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 thassee. Florida 32314 | | |
| Enc | losed 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.

| i. | Na | me of the limited liability company: United States | s Sugar | Molasse | s, LLC | |
|----------------|-------------------------------|---|---|--|---|--|
| 2. | | | |) | | |
| | ` | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability (Note: MAY BE POST OFFIC | , . |
| | | 111 Ponce de Leon Avenue | _ | Same | | |
| | | Clewiston, FL 33440 | | | | |
| | | 9/7/2006 | _ | L060000 | 88193 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5. | (a) | | | | _ | |
| | | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Sta | te: | |
| | | Edward Almeida, Registered Agent & Vice | Preside | nt | | ! |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | 2 | | |
| | | 111 Ponce de Leon Avenue | | | _ 2 | <u>-</u> |
| | | Clewiston | 33440 | | | **-* |
| | | | <u></u> | • | - PA 12: | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered | | | _ <u> </u> | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office ad | <u>dress</u> : | | |
| | | Luke Kurtz, Registered Agent & Vice Presid | dent | | | |
| | | NEW Registered Office Address: | _ | | | |
| | | 111 Ponce de Leon Avenue | | | _ | |
| | | Clewiston | 33440 | | | |
| the age wa the | cha ent w s/we artic | mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member on a member of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this charge. | f the regi iability co of the lim limited Ela | stered offic ompany, it nited liabili liability con ine Wood | the and the business office of is hereby confirmed that the ty company or as otherwise property. d, VP, Secretary & Treas Printed or typed name of signee | the registered change(s) provided in surer |

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