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(((H13000185222 3)))



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To:

Division of Corporations

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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172

: (239)344-1100

: (239)344-1200 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: hfra@henlaw.com

LLC REGISTERED AGENT CHANGE HILLIARD PRODUCE, LLC.

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FAX AUDIT NO.: H13000175222 3

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.

1. Name of the limited liability company: HILLIARD PRODUCE	LLC.		
 (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) 	y: 5500 FLAGHOLE ROAD CLEMSTON, FL 33440		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5500 FLAGHOLE ROAD CLEWISTON, FL 33440		
08/25/2010	L07000062298		
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.		28
Registered Agent:	CORPDIRECT AGENTS, INC.	+0 	تت <u>ح</u>
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		ਨ ਨ
	PLANTATION, FL 33324	Print par	0
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		Grau La 1 SIMES 3	AH 10: 0
NEW Registered Agent:	HE REGISTERED AGENTS, LLC		<u>cn</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1715 MONROE STREET		
	FORT MYERS	,FL 33901	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company.	lorida street address of the regis ical. Or, in the case of a Florid was/were authorized by an affi	stered off a limited irmative	l vote of
Signature of a member or authorized representative of a member	-		
GUY E. WHITESMAN, AUTHORIZED REPRESENTATIVE Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me taken the limited liability company		irther ag of my di ovided fo stered of this cha	ree to uties, or in ffice inge.
Signature of Registered Agent GUY E. WHITESMAN, VICE PRES			
Division of Corporations, P.O. Box 63	zi, Tauanassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)