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| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
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EXAMINER



ACCOUNT NO. : 07210000032 REFERENCE : 936721 7698111 AUTHORIZATION : C COST LIMIT : ORDER DATE: March 25, 2009 ORDER TIME : 2:10 PM ORDER NO. : 936721-010 CUSTOMER NO: 7698111 CHANGE OF AGENT NAME: FARINA FOODS LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Matthew Young -- EXT# 2962 EXAMINER:

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: FARINA Fo | OODS LLC |
|---|---|
| (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3752 S.W. 30TH AVENUE, PORT 95 FORT LAUDERDALE, FL. 33312 USA |
| NOVEMBER 17, 2007 | L07000112704 |
| 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 State: |
| Registered Agent: | Interamerican Corporte Service |
| Registered Office Address: | 2525 PONCE DE LEON BLVD SUITE 1225 SUITE 1225 CORAL GABLES FL 33134 US |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | CORAL GABLES FL 33134 US W Registered Office address: Corporation Service Company 1201 Hays Street Tallahassee FL 3230 br. |
| NEW Registered Agent: | Corporation Service Company |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |
| (MOST BE LEGADA STREET ADDRESS) | Tallahassee FL 3230 by |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. | laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited |
| /s/ James Kostelni (Signature of a member or authorized representative of a member) | <u> </u> |
| JAMES KOSTELNI (Printed or typed name of signee) | <u> </u> |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promain familiar with and accept the obligations of new position F.S Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. Corporation Service Company. Matthew By: | agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. Young |
| (Signature of Progintural Tento | io e m |

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