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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
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| SUBJECT: THE WESTCOAST GROWN NY 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 to the following: | | | |
| LOUISE M. Guido (Name of Person) | | | |
| THE WEST CONST GROWN NY LLC (Firm/Company) | | | |
| 3951 SWIFT ROAD, SUINE 200 | | | |
| SALASOTA F 34231 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| LOUISE M. GUIDO at 941 544.1435 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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: | NESTCOAST GROWN NY LLC | | | |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | 19: 3951 SWIFT ROAD SUINE 200 SALASOTA FL 34231 | | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | SUITE 200 SAKAFORA, FL 3423/ | | | |
| Jan. 29, 2008 3. Date of filing/registration in Florida | 1. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| Registered Agent: | COLPOLATION SELVICE COMMY | | | |
| Registered Office Address: | 1201 HAYS ST. | | | |
| | TAUAHASSEE FL 32301 | | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| NEW Registered Agent: | LOUISE M. GUIDO | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3951 SWIFT ROAD SOITE 200 SALASUTA ,FL 34231 | | | |
| 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) | | | | |
| LOUISE M. GUIDO | Fo P m | | | |
| (Printed or typed name of signee) | | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification (Signature of Registers) (Signature of Registers) | agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change. ox 6327, Tallahassee, FL 32314 E: \$25.00 | | | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | | | |
| FILING FEE: \$25.00 | | | | |