

LO9000002269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

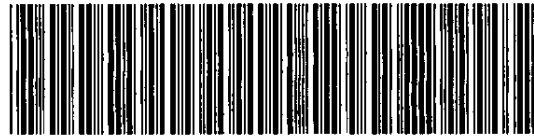
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TALLAHASSEE, FLORIDA

S. HAWKES  
OCT - 6 2009  
EXAMINER

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September 30, 2009

Florida Department of State  
**Division of Corporations**  
P. O. Box 6327  
Tallahassee, Florida 32314

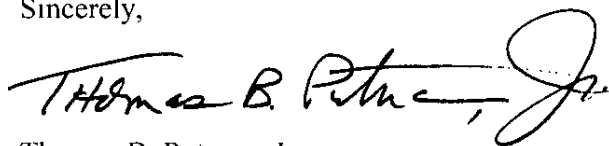
**RE: NOBLE FOOD SERVICE, LLC**

Gentlemen and Ladies:

In connection with the above limited liability company, enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. I am also enclosing this firm's check in the amount of \$25.00 to cover the filing fee.

If you have any questions, or if anything further is needed, please let me know.

Sincerely,



Thomas B. Putnam, Jr.

TBP/jh  
Enclosures

xc: Mrs. Carol R. Roc, w/enclosure

M. DAVID ALEXANDER, III  
JOHN B. ALLEN  
PHILIP O. ALLEN  
BRENDA L. APPLIEDORN  
KEVIN A. ASHLEY  
JASON M. BERGWALL  
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STEPHEN R. SENN  
ANDREA TEVES SMITH  
KEITH H. WADSWORTH

KERRY M. WILSON  
RYAN W. ZIKA  
THOMAS E. BAYNES, JR.  
OF COUNSEL



**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: Noble Food Service, LLC

2. (a) Principal office address of limited liability company: 500 Avenue R, S.W.

☒ (Note: **MUST BE STREET ADDRESS**)

Winter Haven, FL 33880

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

Post Office Box 900

Winter Haven, FL 33882

January 8, 2009

3. Date of filing/registration in Florida

L09000002269

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Quentin J. Roe

Registered Office Address:

500 Avenue R, S.W.

Winter Haven, FL 33882

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Carol R. Roe

**NEW** Registered Office Address:

500 Avenue R, S.W.

**(MUST BE FLORIDA STREET ADDRESS)**

Winter Haven, FL 33882

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.

Carol R. Roe  
Signature of a member or authorized representative of a member

Carol R. Roe

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Carol R. Roe  
Signature of Registered Agent

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