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D. BRUCE

DEC 28 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUB.	JECT:	Kona Market LLC Limited Liability Company	
	Name of	Difficed Endomity Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernin	g this matter to the following:	
	Richard K. Whitty		
	Name of Person		
	Fresco Foodworks		
	Firm/Company	0	
		9 D	
	10582 Willow Oak Ct	HÃ CC	
	Address	NAME OF THE SECOND SECO	
		五	
	Wellington, FL 33414	FLORII	
	City/State and Zip Code	EC 24 PH 12: 16 ETARY OF STATE HASSEE. FLORIDA	
		Α	
<u></u>	rkw1622@gmail.com E-mail address: (to be used for future annual repor	t notification)	
For f	urther information concerning this ma	itter, please call:	
	Richard K. Whitty	at (561) 707-5514	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle	Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
	Enclosed is a check for the follow	ing 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 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.

Name of the limited liability company:	Kona Market LLC		
2. (a) Principal office address of limited liability com	pany:		
(Note: MUST BE STREET ADDRESS)	10582 Willow Oak Ct Wellington, FL 33414		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	10582 Willow Oak Ct Wellington, FL 33414		
02/11/2009	L09000013	3778	
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:	Edgar Mendoza	<u> </u>	
Registered Office Address:	10582 Willow Oak Ct Wellington, FL 33414	PEC 24	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office addr		
NEW Registered Agent:	Richard K. Whitty	D	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10582 Willow Oak Ct		
	Wellington	,FL <u>33414</u>	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as of the limited liability company.	he Florida street address of the identical. Or, in the case of a F ge(s) was/were authorized by a otherwise provided in the article	registered office	
Richard K. Whitty			
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compared to Registered Agent	and agree to act in this capacity be proper and complete perform by position as registered agent of the merely reflect a change in the spany has been notified in writing	e. I further agree to cance of my duties, as provided for in cregistered office ng of this change.	

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