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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 2 2012

Daniel D. Peck
J.D., Member FL Bar
Peter'M. Starling
J.D., Member FL and KY Bar

Peck & Peck, P.A.

Attorneys at Law

5801 Pelican Bay Boulevard, Suite 103 Naples, Florida 34108-2709 E-mail: peckandpeck@aol.com Telephone: (239) 566-3600 Facsimile: (239) 566-3977

June 20, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re:

Food Resource Group, LLC

Dear Madam:

Enclosed herewith for filing is the original Statement of Change of Registered Office for the above named limited liability Company together with a check to your order in the sum of \$25.00 for the filing fee.

Please feel free to contact me with any questions.

∕Sincerely,

Peter M. Starling

Enclosures

CC: Marcy and William Hess

SECRETARY OF STATE

COVER LETTER

TO:	Division of Corporations						
SUBJ	ECT: Foo	d Resource	Group, L	LC			
		of Limited Liab	oility Compar	ny			
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registere	d Office Chang	ge and fee(s)	are submitted fo	or filing.		
Please	e return all correspondence concern	ng this matter	to the follow	ing:			
	Peter M. Starling, Esc Name of Person	<u>. </u>					
	Peck & Peck, P.A. Firm/Company			,			
	PittoCompany				SECR	242 JUN 25	
	5801 Pelican Bay Boulevard,	Suite 103			A A	爰	
	Address				CRETARY OF STATE LAHASSEE, FLORIDA	25 **	
	Naples, Florida 34108-2	709			73	च्या <u>ः</u> ५०	
	City/State and Zip Code				NE A	AH 9: 34	
	peter@peckandpecklaw.	com					
Е	mail address: (to be used for future annual rep	ort notification)					
For fu	rther information concerning this n	atter, please ca	ill:				
	Marcy Hess, MGR	at (<u>847</u>	<u></u>	877-3638			
	Name of Person		Area Code & I	Daytime Telephone N	lumber		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the follo	wing amount:					
	\$25 Filing Fee		\$55 Filing Fe	e & Certified C	ору		

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:	ood Resource Group, LLC			
2. (a) Principal office address of limited liability compa	ny: 4980 Cerromar Drive			
(Note: MUST BE STREET ADDRESS)	Naples, Florida 34112			
(b) Mailing address of limited liability company:	Same as Principal Office Address			
(Note: MAY BE POST OFFICE BOX)				
05/25/2010	L10000056204			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept, of State:			
Registered Agent:	Marcy Hess			
Registered Office Address:	4980 Cerromar Drive Naples, Florida 34112			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N. NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	7768 Classics Drive			
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 Marcy Hess, MGR 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.				
Signature of Registered Ageba	my nas veen nougiea in writing of this change.			

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