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_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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2011 FEB 11 PM 12: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
      Division of Corporations

SUBJECT: _____ **Healthy Living Produce, 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:

_____ **Marjorie E Wallraff** _____
                Name of Person

_____ **Healthy Living Produce, LLC** _____
                Firm/Company

_____ **1219 Yates Street** _____
                Address

_____ **Orlando, FL 32804** _____
                City/State and Zip Code

_____ **marjoriewallraff@yahoo.com** _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ **Marjorie E Wallraff** _____ at (__407__) _____ **230-8193** _____
                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 following amount:

☑ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: __Healthy Living Produce__

2. (a) Principal office address of limited liability company: __1219 Yates Street__

   (Note: MUST BE STREET ADDRESS)

   __Orlando, FL 32804__

   (b) Mailing address of limited liability company: __Same as above__

   (Note: MAY BE POST OFFICE BOX)

__09/13/2010__

3. Date of filing/registration in Florida

__L10000095518__

4. Document number

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

   Registered Agent: __Thomas J Barger__

   Registered Office Address: __1219 Yates Street__

   __Orlando, FL 32804__

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

   NEW Registered Agent: __Marjorie E Wallraff__

   NEW Registered Office Address: __1219 Yates Street__
   (MUST BE FLORIDA STREET ADDRESS)

   __Orlando__ __,FL 32804__

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

__Marjorie E Wallraff, MGRM__
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 Agent

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

INHS18 (05/08)