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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 316678 4371937

AUTHORIZATION : Oxpell Remains

COST LIMIT : \$\sqrt{35}\sqrt{00}

ORDER DATE : July 23, 2018

ORDER TIME : 8:47 AM

ORDER NO. : 316678-020

CUSTOMER NO: 4371937

CHANGE OF AGENT

NAME: CHEF'S WAREHOUSE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations						
SHR	CHEF'S WAREHOUSE, INC.						
SUBJECT:Name of Corporation							
DOC	L10550 UMENT NUMBER:						
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
	e return all correspondence concerning this matter to the following:						
rease return an correspondence concerning this matter to the following.							
	Michelsa Calderon						
Name of Contact Person							
	Trivest Partners						
Firm/Company							
	550 South Dixie Highway, Suite 300						
	Address						
	Coral Gables, FL 33146						
City/State and Zip Code							
	mcalderon@trivest.com						
	E-mail address: (to be used for future annual report notification)						
For fi	orther information concerning this matter, please call:						
Mich	elsa Calderon 305 858-2200						
	Name of Contact Person at (
Enclo	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle						

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	607.0502, 617.0502, 607. corporation organized w red office or registered ag	nder the laws of the State	? of
	he corporation: Chefs		•	
The name of t The principal	office address: 7091 (College Parkway, Fort My	vers, FL 33907	
3. The mailing a	address (if different):	1101 N. 46th Street, Tan	npa, FL 33617	
4. Date of incorp	poration/qualification:	08/2/1989	Document number: L10	550
5. The name and Florida Depart	d street address of the riment of State: (If res	current registered agent a igned, enter resigned)	nd registered office on fi	le with the
	Carol Simon			
	11101 N. 46th Stree	t		2011 FA
	Tampa, FL 33617			SECRETARY AND THE PROPERTY OF
6. The name and (if changed):	d street address of the	new registered agent (if c	hanged) and /or registere	ZI MIO: IE
	· · · · · · · · · · · · · · · · · · ·			
	1201 Hays Street	P.O. Box NOT accepta	ble	_
	Tallahassee		FL 32301	
The street addr	ess of its registered of the identical.	ffice and the street addres	ss of the business office	of its registered agent,
Such change w	es authorized by reso	lution duly adopted by its oration has been notified	s hoard of directors or b	y an officer so
Par	of gahnan	Dav	id Gershman, Executive	e VP
Signat	ure of an officer or director		Printed or typed name	
I further agree performance o agent. Or, if the hereby confirm Corporation	to comply with the pi	registered agent and agrovisions of all statutes re familiar with and accept filed merely to reflect a c has been notified in writ	elative to the proper and dozobligation of my no	a comprese wition as registered
By: 10 y	gnature of Registered Agent	<u> </u>	Date	
If signing on b	ehalf of an entity:	Roxanne Turner Asst. Vice President		
	Typed or Printed Name	***		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *