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COVER LETTER

TO: Registration Section Division of Corporations

RACE COAST FOODS, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathan Riordan

Name of Person

Wenokur Riordan PLLC

Firm/Company

600 Stewart Street, Suite 1300

Address

Seattle, WA 98101

City/State and Zip Code

assistant@wrlawgroup.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

| lathan Riordan | 206 724-0846 |
|---------------------------------------|--------------------------------------|
| 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 | g amount: |
| ☑ \$25 Filing Fee | \$55 Filing Fee & Certified Copy |



4S18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N | ame of the limited liability company: | ST FOODS | S, LLC |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | | (b) | |
| | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 11037 LEGACY BLVD, SUITE 102 | 1 | 1037 LEGACY BLVD, SUITE 102 |
| | PALM BEACH GARDENS, FL 33410 | F | PALM BEACH GARDENS, FL 33410 |
| | 02/06/2012 | Ľ | 12000017196 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| 5. (u) | Registered Agent and Registered Office shown on the records of HANS SOHLEN | of the Florida D | ept. of State: |
| | Registered Office Address (MUST BE FLORIDA STREE) 11037 LEGACY BLVD, SUITE 102 | T ADDRESS) | |
| | PALM BEACH GARDENS | 33410 | |
| (b) | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ed Office addre | |
| | Registered Agents Inc. | | 12: 21 19:12: |
| | <u>NEW</u> Registered Office Address: | | |
| | 7901 4th St. N., Suite 300 | | |
| | St. Petersburg | -L_33702 | |
| he ch gent ras/w ic art Sign berc ovis e ob mer otific | limited liability company is not organized under the l ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of dranization or the operating agreement of the aure of a member or authorized representative of a member ebv accept the appointment as registered agent and a cions of all statutes relative to the proper and comple digations of my position as registered agent as provide rely reflect a change in the registered office address, of in writing of this change. | laws of the St of the registe liability com s of the limite ne limited liab Haree to act in | red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. ans Sohlen, Member Printed or typed name of signee this canacity. I further agree to comply with the |

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

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