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(Business Entity Name)
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NAME: FRESH PRODUCE OF ST. ARMANDS, LLC

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TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE a blue tode

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

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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: FRESH PRODUCE OF ST. ARMANDS, LLC

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

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

March 7, 2012

3. Date of filing/registration in Florida

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

Registered Agent:

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Registered Office Address:

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

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 155 Office Plaza Drive

4. Document number

NRAI Services, Inc.

Plantation, Florida 33324

National Corporate Research, Ltd., Inc.

1 N. BLVD. OF PRESIDENTS

2865 WILDERNESS PLACE

SARASOTA, FL 34235

BOULDER, CO 80301

1200 South Pine Island Road

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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.

a member or authorized representative of a member Similar Ċ TONE

Printed or syped name of signce

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 6087 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Lucy Rose, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00