

L13000080844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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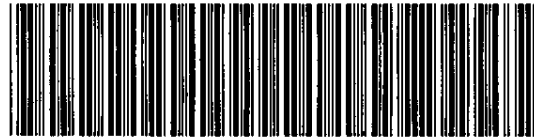
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. Burch FEB 20 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DERYNDA FOODS FOUR, 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:

Michael Derynda  
Name of Person

Derynda Foods Four LLC  
Firm/Company

10050 University Plaza Dr.  
Address

Fort Myers, FL 33913  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Derynda at ( 414 ) 915-8860  
Name of Person Area Code & Daytime Telephone Number

**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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 605.0114, 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: DERYNDA FOODS FOUR, LLC

2. (a) Principal office address of limited liability company: 10050 University Plaza Dr.  
Fort Myers, FL: 33913  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 10050 University Plaza Dr.  
Fort Myers, FL: 33913  
**(Note: MAY BE POST OFFICE BOX)**

June 3, 2013

3. Date of filing/registration in Florida

4. Document number

L13000080844

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road  
Plantation, FL 33324

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

NEW Registered Agent:

Michael T. Derynda

NEW Registered Office Address:

10050 University Plaza Dr.

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Myers, FL 33913

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.

Michael T. Derynda  
Signature of a member or authorized representative of a member

Michael Derynda  
Printed or typed name of signer

*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 605, 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.*

Michael T. Derynda  
Signature of Registered Agent

Michael T. Derynda

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00