

L13 000880844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 AUG 14 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2014

C. CARROTH

**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.  
(Note: **MUST BE STREET ADDRESS**) Fort Myers, FL 33913

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

June 3, 2013  
3. Date of filing/registration in Florida

L13000080844  
4. Document number

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

Registered Agent: CT Corporation System

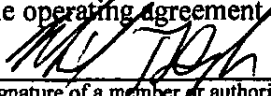
Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

(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.

  
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.*

  
Signature of Registered Agent Michael T. Derynda

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

FILED  
JUN 11 2013  
TALLAHASSEE, FLORIDA  
STATE