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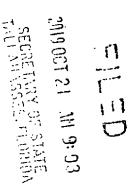
(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Royal Tropical Food & Be Name of Limited Liability Company	verage Distribu
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Carlo Allocco Name of Person	
Royal Tropical Food & Beverage I	Distributors, LLC
445 Atlendale Road Address	
Key Biscayne FL 33149 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Carlo Allocco at 305, 987	
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 ADD Registration Section Registration Section Division of Corporations Division of Corporations Tallahassee, Florida 32301	on orations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$	Certified Copy

INHS18 (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. Na	ame of the limited liability company: Royal Tropical Food & Beverage
2. (a)	(b)
. ,	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	445 Allendale Road 445 Allendale Road
	Key Biscayne FL 33149 Key Biscayne FL
	9/9/2013 L13000126556
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Michelle D Detweiler
. (,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	445 Allerdale Road
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Key Biscayne
	371149
	, FL, FL
(1-1	Carlo Allocco 蹭言们
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	The second secon
	445 Allendale Road
	NEW Registered Office Address:
	Key biscame FL 33149
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wo	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
	Michelle Dietueiler

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 chapter 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