## 144000143848

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
(50	cument number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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S. YOUNG

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/085

Re: PORTLAND PROVISIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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	me of the limited liability company: PORTLAND PRO	OVISION	S, LLC	
2. (a)	6751 FORUM DRIVE SUITE 200  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	6751	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32821	_ _	ORLAN	DO, FL 32821
	09/15/2014	_	L140001	43848
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BUSINESS FILINGS INCORPORATED			
(-)	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of Sta	te:
	1200 SOUTH PINE ISLAND			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		_	
				23 5
	PLANTATION ,FL	33324		FILED SP-6 #
(b)	Corporation Service Company			
(")	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	ED M 7: 09
	1201 Hays Street			-
	NEW Registered Office Address:			_
	Tallahassee , FL_	32301		<u></u>
he cha agent w was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of tay- vill be identical. Or, in the case of a Florida limited lial- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor `the limi	ered offic npany, it ted liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	/s/ Marc G. Baumann Marc G. Baum			
I hereb provision he obli o mere	we of a member or authorized representative of a member by accept the appointment as registered agent and agreed one of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have the complete of this change.	ve to act i performa for in Ci ereby coi	n this cap nce of my hapter 60 nfirm thai	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur		BY: Gr	ace E. K	irby, Asst. Vice President