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COVER LETTER

	: Registration Section Division of Corporations					
SUBJECT: Mercato Agraria, USA Name of Limited Liability Company						
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
)avid Campbell Name of Person					
	Percato Agraria, USA Firm/Company					
174 Watercolor Way Ste 103, # 128 Address						
Santa Rosa Beach FL 32459 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
_ Da	Name of Person at (404) 427-9562 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 & 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. N	ame of the limited liability company: <i>Mercato_l</i>	graria L	1.SA	
2. (a)	Principal office address of limited liability company:	(b) _	Mailing addr	or Way Ste 103, 128 ess of limited liability company:
	(Note: MUST BE STREET ADDRESS)			AY BE POST OFFICE BOX)
	Sonta Rosa Beach, FL 32459		<u>Santa Rosa l</u>	Beach, Fl 3459
	1-1-2015		L 1500000	1123
3.	Date of filing/registration in Florida	4.	Documer	it number
5. (a)	Registered Agent and Registered Office shown on the records of a 145 Beach Front Trail, #105		ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>IDDKESSI</u>		
	Santa Rosa Beach, Ft 359			
	, FL	32459		
(b)		()07 II		F. 7.1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>88</u> :	
	(Sume us above)			t 5
	NEW Registered Office Address:			
				$oldsymbol{\circ}$
	. FL			
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State the register ability composite the limite	red office and the b pany, it is hereby o d liability company	ousiness office of the registered onfirmed that the change(s)
<u>~</u> ≥	divel Janes Cambel ature of a member or authorized representative of a member		David James C Printed or	angbel/
	•			
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. It is writing of this change.	performand d for in Cha hereby conf	ce of my duties, and apter 605, F.S. Or, arm that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been
Signat	avel James Campbell are of Registered Agent	11-27	7-17	