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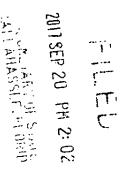
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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K. SALY SEP 21 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Limit	Ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ee and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	to the following:	
DEIRDRE HAVES Name of Person		
MICRO FRESH LLC Firm/Company		
US FLORENCE DR.		
JUNITER FL. 3345 City/State and Zip Code	<u>8</u>	
E-mail address: (to be used for future annual report notification)		
For further info mation concerning this matter, please ca	II:	
DEIRDRE HAVES at (76, 758-1043 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	S55 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.

I. Na	me of the limited liability company: MICRD FRESH, LLC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	JUPITER, FL. 33458
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Office Address OUST BE FLORIDA STREET ADDRESS)
(b)	HAVES DEIRIDRE O. Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Jepher FL 33458
the cha agent v was/we the arti	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) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. The latest the provided in the limited liability company. Printed or typed name of signee
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00