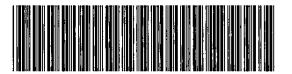
1/5000152789

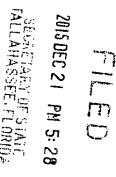
(Re	questor's Name)		
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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K.SALY EXAMINER DEC 21 2015

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Terranova Gornet Food, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Judi L. Stein Name of Person				
Judi L. Stein Firm/Company				
2400 NE 1St Leme Apt 416 Address				
Boynton Beach FL 33435 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Judi Stein at (561) 351-3265 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 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 INHS [8 (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.

rioriaa.		
1. Name of the limited liability company:	Terranova	Gormes tood, LLI
2. (a)	(b)	
Principal office address of limited li (Note: MUST BE STREET)		ailing address of limited liability company: (Note: MAY RF POST OFFICE BOX)
7 400 N F	Edual Highway	CAME
Suite C-1 Boca R	aton, FL33487	21117L
	12015 LIS	000152789
3. Date of filing/registration i		Document number
5. (a) Friedman Ros. Registered Agent and Registered Office she	enwasser & Go	
5355 Town Con	HURA # 801	25 =
Registered Office Address (MUST BE.	FLORIDA STREET ADDRESS)	2015 DEC 21
Boca Ratur	, FL 33486	From P
a Later Sto	10	5: 21
Enter name of NEW Registered Agent and	/or NEW Registered Office address:	
0400 436 3	St Lane Apt. 41	L
NEW Registered Office Address:	St Lane Apt. 41	O
_ ,		
Q., 1 R.	-L -77475	
DOYNTON DEC	ch , FL 3343	
If the limited liability company is not organ the change or changes are made, the Florid	nized under the laws of the State of Flores street address of the registered office	rida, it is hereby confirmed that after
agent will be identical. Or, in the case of a was/were authorized by an affirmative vote	Florida limited liability company, it is	hereby confirmed that the change(s)
the articles of organization or the operating		
Signature of a member or authorized representative	e of a member + Ab	Printed or typed name of signee
I hereby accept the appointment as registed	red agent and agree to act in this capa	city. I further agree to comply with the
I hereby accept the appointment as registe provisions of all statutes relative to the pro the obligations of my position as registered to merely reflect a change in the registered	per and complete performance of my a l agent as provided for in Chapter 605, l office address, I hereby confirm that th	F.S. Or, if this document is being filed in the limited liability company has been
notified in writing of this change.		• • •
Signature of Registered gent		
Division of Cor	oorations • P.O. Box 6327 • Tallahass	ee, FL 32314

(FILING FEE: \$25.00

INHS18 (2/14)