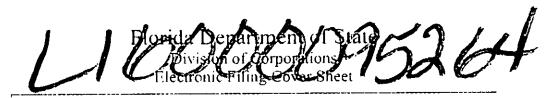
Page 2 of 5 To:



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(((H180002102593)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

\*\*Enter the email address for this business entity to be used for Aut annual report mailings. Enter only one email address please \*\*

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## LLC REGISTERED AGENT CHANGE HOM FRESH LLC

Certificate of Status	0
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## 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.

Name of the limited liu	bility company: HOM FR	RESH LLC	_			
5700 W. ATLAN	TIC AVE.	(b)	37 DU W. ATEANTIO AVE.			
Principal office (Nate: M	address of limited liability compan			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
206			206			
DELRAY BEAC	CH, FL 33484	<del></del>	DELF	AY BEACH, FL 33484		
05/16/2016		<u> </u>	1600	0095264		
Date of fill	ng/registration in Florida	4.		Document number		
(a) Legal Zoom						
Registered Agent and R	egistered Office shown on the reco	ords of the Florida	Dept. of	State:		
Registered Office Add	1056 (MUST BE FLORIDA ST	REET ADDRESS)	-	~ .c <b>6</b>		
Α				— 产资 4 m		
TAMPA		, FL_33612		超 美 三		
	relatered Arean und/or NEW Rev IG OAK COURT, SUITE		<u> re14</u> :	FILEU 8: 54  SECRETARY OF TATE  TALLMAN SEEE, FLORIDA		
NEW Registered Offli	ce Address:			7		
TAMPA		, FL 33612		<del></del> -		
e change or changes are ent will be identical. O as/were authorized by an e articles of organization	pany is not organized under made, the Florida street add r, in the case of a Florida lin a affirmative vote of the men n or the operating agreement	the laws of the ress of the regis lited liability combers of the limited limited limited limited livy	State of stered of impany ited lia	f Florida, it is hereby confirmed that after office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  AKS  Printed or typed name of signee		
Signature of a member or and	norized representative of a member	r				
STA	TES CORPORATION AGENTS, INC.		in this ance of Chapter onfirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept - 605, F.S. Or, if this document is being filed that the limited liability company has been		
Agnoture of Registered Agent						
	Division of Cornerations	P.O. Box 632	7● Tall	ahassee, FL 32314		

FILING FEE: \$25.00

the property of the property o

850-617-6381

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July 23, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOM FRESH LLC 5700 W. ATLANTIC AVE. 206 DELRAY BEACH, FL 33484US

SUBJECT: HOM FRESH LLC REF: L16000095264

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III Registration Section FAX Aud. #: H18000210259 Letter Number: 618A00015057

018 JUL 24 PH 12: 27

P.O BOX 6327 - Tallahassee, Florida 32314