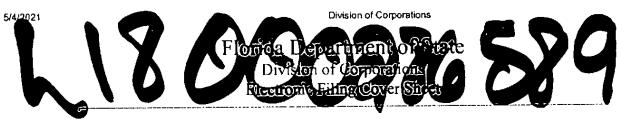
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 : (954)208-0845 Fax Number

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

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## LLC REGISTERED AGENT CHANGE QUIRCH FOODS, LLC

Certificate of Status	0
Certified Copy	1
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3.

## 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.

Nε	ime of the limited liability company: QUIRCH FOODS	<del></del>		
(a)	2701 S Le Jeune Rd	(b) 2701 S Le	e Jeune Rd	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
	Coral Gables, FL 33134	Coral Gab	oles, FL 33134	<u>-</u>
	12/14/2018	L18000286	5589	
	Date of filing/registration in Florida	4.	Document number 20	
4.3	CORPORATE CREATIONS NETWORK INC.			n.
(a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Stat	TE LAHA	- <sub> </sub>
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	- PH	$\bigcap$
	801 US HIGHWAY I		ms I	)
	NORTH PALM BEACH, FL	33408	FL F8	
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	NEW Registered Office Address:		-	
	1200 South Pinc Island Road		e-rad	
	Plantation . FL	33324		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00