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Division of Corporations

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $-\frac{1}{8}$

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. Na	me of the limited liability company: americat	n foo	ds inter	rnational LLC	<u> </u>		
	333 S.E. 2ND AVENUE,		(b) 333 S.E. 2ND AVENUE,				
<u></u> (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·	Mailing address of limited (Note: MAY BE POST	liabili	-	-
	SUITE 2000		SUITE	2000			
	MIAMI, FL 33131		MIAMI, F	FL 33131			
	01/29/2019		L190000	029761			
3.	Date of filing/registration in Florida	4.		Document number	_		
5. (a)	QUINONEZ, ANYELA						
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of State	- e:			
	7045 STIRLING ROAD			.:		2020	
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRES	<u>S)</u>	- :	- .	2020 MAY	
	1203			_		2	
	DAVIE	_L 3331	4			9 1	•
(b)	Registered Agents Inc.	<u></u>		- ::		AH IC: O	* • • • · · · · · · · · · · · · · · · ·
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	_	- :	2	
	7901 4th St N			_			
	NEW Registered Office Address:			_			
	STE 300			_			
	St. Petersburg	_L 3370	2	_			
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of of the li- ne limited	istered offic company, it i mited liabilit	e and the business off is hereby confirmed the ty company or as othe	nce o	e chan	egistered ge(s)
Signa	sture of a member or authorized representative of a member			Printed or typed name o	fsign	ee	
provis	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid tely reflect a change in the registered office address.	te perjori ded for in	nance of my Chapter 60	aunes, and ram jami 5. F.S. Or. if this doc	uur ùmer	wun an u is be	ia accep ing filed

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

- Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre