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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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024 MAY 15 PM 2:03 SECRETARY OF STATE

COVER LETTER

25.

TO: Registration Section

Division of Corporations

SUBJECT: <u>garden Fresh wholesale produce and provisions</u> HC

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:

Michael Khashman Name of Person	
Jarden Fresh Whousale produce	
1305 Poinsetha Dr. Suite3	2024HAY I SECRET
Delvay Beach, PL 33444	TRY OF
aarden Fresh who usale 123@gmail com	2: 03 E. F.
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Michael Khashway at (56) 305-3547

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

. 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.

1. Name of the limited liability company: Garden Fresh Wholes	ale Produce + Provisions ILC.
2. (a) 1305 Poinsettia Dr. Suite 3 Delvay Broch (b)	Same-
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
1305 Poinsetha Dr. Surte 3	
Delray Brach, FC, 33444	
1 7	1440262062
3. Date of filing/registration in Florida 4.	Document number
5. (a) 5 13 22	1700 amont hamber
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:
Same as above	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
1305 Poinsetta Dr. Suite 3	
Delvay Beach FL 33444	ARE THE
	75 T
(b) Michael Khashman Enter name of NEW Registered April and (a) NEW Days 1888	1889 PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2: 03
- Same As Above.	PATE 03
NEW Registered Office Address:	•
1305 Poinsettia Dr. Suite 3	
Dalia B	
Delray Beach , FL 33444.	
If the limited liability company is not organized under the laws of the State of Flo	rida, it is hereby confirmed that after the
agent will be identical. Or, in the case of a Florida limited liability company, it is	the business office of the registered
was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	company or as otherwise associated in
	el R.Khashman
Signature of a member a authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity of all statutes relative to the proper and complete performance of my distributions of my position as registered agent as provided for in Chapter 605, o merely reflect a change in the registered office address. I hereby confirm that the totified in writing of this change.	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signature of Registered Agent	