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KALEEL GROZIER HANNA

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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : KALEEL & ASSOCIATES
Account Number : I20000000253
Phone : (561) 738-1104
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
DUBOIS HARVESTING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA Change

D. CORRELL NOV 20 2009

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DUBOIS HARVESTING, INC.
2. The principal office address: 5450 Flavor Pict Road
Boynton Beach, FL 33436
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/09/1990 Document number: L57315
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kenneth M. Kaleel, Esq.555 N. Congress Ave., Suite 301Boynton Beach, FL 33426

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT M. DUBOIS, JR5450 FLAVOR PICT RD.P.O. Box NOT acceptableBOYNTON BEACH, FL 33436

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

ROBERT M. DUBOIS, JR., Pres.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/18/2009Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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