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SECCELLING COLORS

MATT E. DANNHEISSER, P.A.

ATTORNEY AT LAW

504 NORTH BAYLEN STREET PENSACOLA, FLORIDA 32501

TELEPHONE (850) 434-7272 FACSIMILE (850) 432-2028 E-MAIL MATTDANNHEISSER@AOL.COM

November 8, 2005

Secretary of State Corporate Division The Capitol P. O. Box 6327 Tallahassee, Florida 32314

RE:

Wharf Foods, L.C.

Our File No. 1135-002

Dear Sir or Madam:

Enclosed herewith please find an original and duplicate copy of Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above named limited liability company and our firm's check in the amount of \$25.00. After the original Statement has been filed, it would be appreciated if you would return the copy to us, indicating time and date of filing.

Please call should you have any questions.

Sincerely,

Stephanie D. Lucas, Legal Secretary to

Matt E. Dannheisser

:sdl Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limit	ed liability comp	any is: WHAF	RF FOODS, L.C.		
2. The mailing address of	of the limited liab	oility company	is: 5365 Stewart Stre	et, Milton, Florida	32570
November 29, 1994			L94000000642		
3. Date of filing/registration in Florida 4. Documen		4. Document n	umber		
5. The name of the regist Florida Department of		ne registered o	office address as show	n on the records o	f the
*	DAVID KNUE	DSEN			
		Name	'	<u> </u>	
	619 S. Palafox	<u> </u>		u.	
		Addre	SS		
	Pensacola, FL				
		City, State a	ind Zip		
The name and address	of the new regis	tered agent ar	id/or office:		
	DAVID KNUD	SEN			. ,•• .
		Name		_	
	5365 Stewart	- · · -			
	Florida street	address (P.O.	Box NOT acceptable	;)	
	Milton	FL	32570		
		City, State an	d Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lift of the operating agreement.	change or change f the registered a creby confirmed mited liability co int of the limited	es are made, the gent will be in that the change impany or as cliability comp	te Florida street addre dentical. Or, in the ca ge(s) was/were authori otherwise provided in	ss of the registered se of a Florida limi ized by an affirma	d office tited tive vote
(Signature of a member or author	rized representative o	f a member)	· · · · · · · · · · · · · · · · · · ·	25 T	•
DAVID KNUDSEN					4
(Printed or typed name of signed	;)			- 7 7	-700
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, E.S. Or if address, I hereby confirm	pintment as regis ns of all statutes nd accept the obl this document is nyhat the limited	tered agent an relative to the ligations of m being filed to liability comp	nd agree to act in this e proper and complete y position as registere merely reflect a chan pany has been notified	capacity. I further performance of head agent as providing in the registered in writing of this	r agree to ny duties, ed for in ed office change.