Tarren in 2000 UNIFORM BUSINESS REPORT (UBR) FILED L99-9399 SECRETARY OF STATE **DOCUMENT#** DIVISION OF CORPORATIONS 1. Entity Name First Coast Meat & Seafood LLC DO NOV - I PMII: 02 Mailing Address Principal Place of Business 3. Mailing Address 2. Principal Place of Business Same 9140 Golfside Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Jacksonville, Florida 58-0525293 Not Applicable \$5.00 Additional Country Country Žip 32256 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue Tallahassee, Florida 32301 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. INITIAL FILING ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Shapiro PackingCo.Inc. Change Addition Deiete TITLE TITLE NAME P.O. Box 119 NAME "MGRM" 30903 STREET ADDRESS Augusta, GA STREET ADDRESS CITY-ST-71P CITY - ST-ZIP ☐ Change ☐ Addition TITLE Delete FITS F 000003456820---11/08/00--01025--018 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

00 GO-6686742