## M08000004255

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Certified Copies	_ Certificates	s of Status _	
Special Instructions to	Filing Officer:		
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SEPRETARY OF STATE
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S. HAWKES
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EXAMINER

## **COVER LETTER**

Division of Corporation	S			
SUBJECT:	SUBJECT: Hispanic Specialty Foods, LLC.			
Name of Limited Liability Company				
Dear Sir or Madam:				
Dan Si Si Maamii				
The enclosed Registered Agenta	Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Maria C. M	Moreion			
Name of Person				
Hispania Spesialt	y Foods II C			
Hispanic Specialty Foods, LLC. Firm/Company				
•	•			
<b>DO D</b>	00500			
PO Box 1 Address	38582			
Address				
Hialeah, FL				
City/State and Z	ip Code			
mmorejon@hispanicllc.com  E-mail address: (to be used for future annual report notification)				
D man address. (to be used for fate.	Camban report nonvention)			
For further information concern	ing this matter, please call:			
Maria C. Morejor	at ( 305 ) 218-7210			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER AD	DRESS: MAILING ADDRESS: Registration Section			
Registration Section Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Cir				
Tallahassee, Florida 3230				
Enclosed is a check for	the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section

## $\cdot$ 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.

Name of the limited liability company:	Hispanic Specialty Foods LLG.		
2. (a) Principal office address of limited liability con	npany:		
(Note: MUST BE STREET ADDRESS)	3950 East 10th Court Hialeah, FL, 33013		
(b) Mailing address of limited liability company:	2		
(Note: MAY BE POST OFFICE BOX)	PO Box 138582 Hialeah, FL, 33013		
10/28/2008	M08000004255		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:		
Registered Agent:	Lazaro Mur Esq.		
Registered Office Address:	7121 Fairway Drive, Suite 203 Palm Beach Gardens, FL 33418		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Maria C. Morejon  3950 East 10th Court		
(MUST BE FLORIDA STREET ADDRESS)	Hialeah ,FL33013		
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization		
Maria C. Morejon  Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.		
Signature of Registered Agent			

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