

2/13/2015 10:04:16 From: To: (850)617-6383

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA300000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**ANOVA FOOD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
15 FEB 13 AM 10:00  
DIVISION OF CORPORATIONS  
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INFORMATION SERVICES

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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2/13/2015 10:04:16 From: To: 8506176383

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**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** ANOVA FOOD, LLC

Name of Limited Liability Company

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:

**TAX DEPARTMENT**

Name of Person

BUMBLE BEE FOODS, LLC

Firm/Company

P.O. BOX 85362

Address

SAN DIEGO, CA 92186-5362

City/State and Zip Code

CHRISSIE.NIELSEN@BUMBLEBEE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISSIE NIELSEN

at ( 858 )

715-3011

Name of Person

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301**MAILING ADDRESS:**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2/13/2015 10:04:16 From: To: 8506176383

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# 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: ANOVA FOOD, LLC
2. (a) 3104 CHERRY PALM DRIVE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE 230  
TAMPA, FL 33619
- (b) C/O BUMBLE BEE TAX DEPT  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
P.O. BOX 85362  
SAN DIEGO, CA 92186-5362
3. April 7, 2011  
Date of filing/registration in Florida
4. M11000001757  
Document number
5. (a) SCOTT PURINTON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3104 CHERRY PALM DRIVE, SUITE 230  
TAMPA, FL 33619
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

D. J. J.  
Signature of a member or authorized representative of a member

DARREN ZOBRIST

Printed or typed name of signor

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

By: [Signature]

Signature of Registered Agent

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

INHS18 (2/14)

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