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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

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2/13/2015

T. CARTER

PAGE 0 2/13/2013 10:04:15 From: Tof 8505176383 COVER LETTER TO: Registration Section Division of Corporations SUBJECT:				
COVER LETTER TO: Registration Section Division of Corporations SUBJECT:		,	DIRECTOR'S OFFICE	PAGE 02/10
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Division of Carporations SUBJECT: ANOVA FOOD, LLC Dear Sir of Madam: The endlowed Registered Agend/Registered Office Charge and fre(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TAX DEPARTMENT Name of Person BUMBLE BEE FOODS, 11.C Fin/Company P.O. BOX 85362 Address SAN DIECO, CA 92186-5562 CHRUSSIE.NELESENGBUMBLEBEE COM For further information concerning this matter, please call: CHRUSSIE (In better and Zip Code STREET/COURTER ADDRESS: Registration Section Name of Person at (53 _ 715-301 Atten Code & Doptime Telephene Number STREET/COURTER ADDRESS: Registration Section Division of Componatione C) Box 6327 Talkhassee, Florida 32314 Talkhassee, Florida 32314 C) Box 6327 Talkhassee, Florida 32314 C) Box 6327 Talkhassee, Florida 32314 C) Box 6327 C) Box 6327 C) Box 6327 C			OVER LEITER	
SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and foc(s) are submitted for filling. Please return all enrespondence 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 52186-5162 Clty/State and Zip Code CHRISSHE.NELEEN@BUMBLEBEE.COM E-mail address: (to be used for fluture annual report notification) For further information concerning this matter, please call: CHRISSHE NIBLSEN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building <td< td=""><td></td><td>TO: Registration Section Division of Corporations</td><td></td><td></td></td<>		TO: Registration Section Division of Corporations		
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and foc(s) are submitted for filing. Please return all convespondence concerning this matter to the following: TAX DEPARTMENT Name of Person BUMBLE BEE FOODS, LLC Firm/Company P.O. BOX 85362 City/State and Zip Code San DIEGO, CA 52186-5362 City/State and Zip Code E-mail: address: (to be used for future annual report notification) For further information concerning this matter, please cult: CHRISSIE NIELSEN Registration Section Name of Person at $\frac{55}{10}$ Address: Cit/Sol Baccuity Conter Circle Tallabasese, Florida 32301 Division of Comporations Cit/Sol Baccuity Conter Circle Tallabasese, Florida 32301 Division of Comporations City Sol Baccui		ANOVA FOOD, LLC		
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 TAX DEPARTMENT BUMBLE BBE FOODS, 1.1.C Firm/Company F.O. BOX 85362 Addreas SAN DIEGO, CA 92186-5362 City/State and Zip Code CHRUSSIE.NELSENQ@BUMBLEBEE.COM Cravel Code CHRUSSIE.NELSENQ@BUMBLEBEE.COM For further information concerning this matter, please cult: CHRUSSIE NIBLSEN STREET/COURTER ADDRESS: Registration Section Division of Corporations Cithon Building Tailubassee, Florida 32301 Enclosed is a check for the following amount: Street for the following amount:		Name of L	imited Liability Company	
Please return all correspondence concerning this matter to the following: TAX DEPARTMENT Name of Person BUMBLE BEE FOODS, LLC Firm/Company P.O. BOX 83562 Address SAN DIEGO, CA 92186-5362 City/State and Zip Code Matter of Person at <u>Stype Code</u> Stype Code & Daysime Telephone Number Stype Code & Conporations Division of Corporations Cithon Building 2661 Excound ve Center Circle Tallabassee, Florida 322		Dear Sir or Madam:		
TAX DEPARTMENT Name of Person BUMBLE BEE FOODS, 1.1.C Pirm/Company P.O. BOX \$5362 Address SAN DIEGO, CA 92186-5362 City/State and Zip Code CHRISSIE.NIELSEN@BUMBLEBEE.COM E-mail address: (to be used for fluture annual report notiffeation) For further information concerning this matter, please call: CHRISSIE NIELSEN Name of Person st gata division of Corporations Citifon Building Citifon Building Citifon Building Z661 Executive Center Circle Tallabassee, Florida 32301 Beloaded is a check for the following amount: Cit 252 Filling Fee Cit 255 Filling Fee & Certified Copy		The enclosed Registered Agent/Registered Office Ch	ange and fcc(s) are submitted for filing.	
Name of Person BUMBLE BEE FOODS, 1.1.C Firm/Company P.O. BOX 85362 Address SAN DIEGO, CA 92186-3362 City/State and Zip Code CHRISSIE.NTELSEN@BUMBLEBEE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISSIE NIELSEN Name of Person streept root of Corporations Division of Corporations Clifton Building P.O. Box 63201 Enclosed is a check for the following amount: S25 Filing Fee S55 Filing Fee & Certified Copy		Please return all correspondence concerning this mat	ter to the following:	
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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 NIBLSEN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Z661 Excentive Center Circle Tallabassee, Florida 32301 Enclosed is a check for the following amount: Q \$25 Filling Fee CHRISSIE NIBLEEN CHRISSIE NIBLEEN STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallabassee, Florida 32301 Enclosed is a check for the following amount: Q \$25 Filling Fee City/State and Zip Code CHRISSIE NIBLESEN Street Circle CHRISSIE NIBLEEN CHRISSIE NIBLEEN CHRISSIE NIBLEEN STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallabassee, Florida 32314 Tallabassee, Florida 32314 Christian Section Christian Section Christian Section Christian Section Christian Section Division of Corporations Clifton Building Christian Section Christian Section Christi		P.O. BOX 85362		
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 NIBLSEN nt 858 Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clift/Blassee, Florida 32301 Enclosed is a check for the following amount: S25 Filling Fee		Address		
CHRISSIE.NIELSEN@BUMBLEBEE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISSIE NIBLEN Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee	I	SAN DIEGO, CA 92186-5362		
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CHRISSIE NIBLSEN at (258) 715-3011 Name of Person Area Code & Daysime Telephone Number ST REET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S55 Filing Fee & Certified Copy		E-mail address: (to be used for future annual re	port notification)	
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DIRECTOR'S OFFICE

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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 505.0114 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.

(a)	3104 CHERRY PALM DRIVE		(b) C/O E	SUMBLE BEE TAX DEPT	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 230			Mailing address of limited link (<u>Note: MAY BE POST OF</u> OX 85362	
	тамра, FL 33619		SANI	DIEGO, CA 92186-5362	
	April 7, 2011		M1100	0001757	
	Date of filing/registration in Florida SCOTT PURINTON	4,		Document number	· · ·
1)	Registered Agent and Registered Office shown on the records o Registered Office Address (MUST BE FLORIDA STREE			[*] S4p(e:	
1)	Registered Agent and Registered Office shown on the records of Registered Office Address (<u>MUST RE FLORIDA STREE</u> 3104 CHERRY PALM DRIVE, SUITE 230	T ADDRI	<u>ESS)</u>	[*] S4p(e: 	
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREE 3104 CHERRY PALM DRIVE, SUITE 230 TAMPA, F		<u>ESS)</u>	[*] S4p(e:	15 FE
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREE 3104 CHERRY PALM DRIVE, SUITE 230	<i>ADBRI</i> L.33619	<u>555)</u> 9	[*] S4p(e: 	15 FEB 3
a)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREE 3104 CHERRY PALM DRIVE, SUITE 230 TAMPA , E C T Corporation System	<i>ADBRI</i> L.33619	<u>555)</u> 9	¹ Stple:	B I 3 AM
	Registered Agent and Registered Office shown on the records of Registered Office Address <u>(MUST BE FLORIDA STREE</u> 3104 CHERRY PALM DRIVE, SUITE 230 TAMPA, E C T Corporation System Enter name of <u>NEW Registered Agent and/or NEW Register</u>	<i>ADBRI</i> L.33619	<u>555)</u> 9	¹ Stple:	B I 3 AM I

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.

	······································
A) Stut	DARREN ZOBRIST
Signature of a member or authorized representative of a member	Printed or typod name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I i notified in writing of this change. C T Comparison System By:	ee to act in this capacity. I further agree to camply with the parformance of my duiles, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Signature of Registered Agon

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

INHS18 (2/14)

FL015 - 03404/2014 Wolters Klawer Opline