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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer.	

Office Use Only



CORPORATION SERVICE CO	MPANY		
Tallhassee, FL 32301 Phone: 850-558-1500			
ACCO	UNT NO. :	1200000001	95
### RE ###	FERENCE :	928884	4311859
AUTH OR AUTHOR	: NOITASI	Land	
UI COS UI	T LIMIT :	\$ 25.00	lado
ODDED DAME . November	27 2017		
ORDER DATE : November			
ORDER TIME : 12:08 RM			
ORDER NO. : 928884 0			
CUSTOMER NO: 43118	59		
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CHA	NGE OF AGEN	T	
NAME: BRAVO FOODS, LLC			
PLEASE RETURN THE FOLL	OWING AS PR	OOF OF FILI	NG:
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT DEPCON. BOTTO	no Turnor		
CONTACT PERSON: Roxan			
! \	EXAMI	NER'S INITI	ALS:

COVER LETTER

TO: Registration Section Division of Corporations		
Bravo Foods, LLC		
	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Erber Hernandez		
Name of Person		
Torys LLP		
Firm/Company		
' ,		
1114 Avenue of the Americas, Floor 23		
Address		
New York, NY 10036		
City/State and Zip C	ode	
ehernandez@torys.com		
E-mail address: (to be used for futu	annual report notification)	
For further information concerning this m	iatter, please call:	
Erber Hernandez	212 880-6167 at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRES	 S:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the follo	il wing amount:	
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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. Bravo Foods, LLC Name of the limited liability company: 2. (a) 1146 Celebration Blvd. 1146 Celebration Blvd. Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Celebration, FL 34747 Celebration, FL 34747 M11000006158 December 09, 2011 3. Date of filing/registration in Florida Document number NRAI Services, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE)FLORIDA STREET ADDRESS) Plantation FL 33324 Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address: Tallahassee FL 32301 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. IKKI HODGKIN 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.

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

BY:

Roxanne Turner

Asst. Vice President

Signature of Registered Agent Corporation Service Company