

M12000003060

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : PARAJET CORPORATION SERVICES, INC.  
 Account Number : 12009000069  
 Phone : (800) 277-9977  
 Fax Number : (800) 613-0477

2022 FEB 28 AM 10:16

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

Email Address: Michelle.Benton@pjc.com

**LLC REGISTERED AGENT CHANGE  
 SOUTHEASTERN FRESH PRODUCE, LLC**

Certificate of Status	0
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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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: Southeastern Fresh Produce, LLC

2. (a) <u>1100 EDWARDS STREET</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>HATTIESBURG, MS 39401</u>	(b) <u>1100 EDWARDS STREET</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>HATTIESBURG, MS 39401</u>
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3. <u>05/30/2012</u> Date of filing/registration in Florida	4. <u>M12000003060</u> Document number
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5. (a) CT CORPORATION SYSTEM  
 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

(b) NRAI Services, Inc.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
 \_\_\_\_\_  
NEW Registered Office Address:  
1200 South Pine Island Road  
 Plantation FL 33324

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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.

<u>[Signature]</u> Signature of a member or authorized representative of a member	<u>A. Brent King</u> Printed or typed name of signer
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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.

By: [Signature]  
Signature of Registered Agent

Patricia A. Boverie, Assistant Secretary  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00