M17-0000010824

(Requestor's Name)				
	Address)	_ 			
	Address)				
V.					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
	Business Entity Name)				
	Document Number)				
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Certified Copies	Certificates o	f Status			
Special Instructions to F	illing Officer:				
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Office Use Only





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SECRETARY OF STATE
TAIL EDASSEE, FL

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

NAME OF ENTITY
Pacific Produce, LLC

FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPY XX PHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
XX OTHER Registered Agent Change
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 11/3/23 TIME
Notes:

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. N	Name of the limited liability company: PACIFIC PRODI	UCE, L	LC		
2. (a)	20 COURTHOUSE SO. STE 208		(b) 20 COURTHOUSE SQ, STE 208		
(w)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ROCKVILLE, MD 20850-2338		_] 	ROCKVILI	.E, MD 20850-2338
	12/19/2017		М	170000108	24
3.	Date of filing/registration in Florida	4.		I	Document number
5. (a	CORPORATION SERVICE COMPANY)				
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flor	ida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20 7.56. 20	
	TALLAHASSEE , FI	32301	-252	5	ZANOV PLETA
(b)	Universal Registered Agents, Inc.				RY OF
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>era</u> :	S. S. W.
	1317 California Street				1:57
	NEW Registered Office Address:				
	Talahhassee , FI	32304	-		
chang agent was/w the ar	limited liability company is not organized under the lavage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the I	ered com: imité	office and pany, it is l ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_/5	s/: Al honso Chang lature of a member or authorized representative of a member	<u> </u>	lfons	o Chang	
I here provis the obto met notific	sature of a member or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I lead to writing of this change. The provided the change in the registered office address of the change in the registered office address of the change.	ee to a perfor d for it hereby	ict in man Chi conj		Printed or typed name of signee sity. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been