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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/23/2020	
	Jennifer Bialowas	_
Reference #	1241391	_
	FOURTEE	N FOODS, LLC
	les of Incorporation/Authorization	
Ame	ndment	
✓ Char	nge of Agent	
Rein	statement	
Conv	/ersion	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	ſ	
Authorized /		

F: +852.2682.9790

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

Principal office address of limited liability (Note: MUST BE STREET ADDR		(b)	
No Change	No.	o Change	
December 26, 2018		M19000000210	
Date of filing/registration in Flo	rida 4.	Document number	
a) C T CORPORATION SYSTEM			
Registered Agent and Registered Office shown on	the records of the Florida Dep	t, of State:	
1200 SOUTH PINE ISLAND ROA	ND		
Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS)	7	303
			2020 1111
PLANTATION	, FL 33324		ະ ∨ ພ
COGENCY GLOBAL INC.			3 MH 10: 1:5
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address	:	<u>.</u>
115 North Calhoun St., Suite 4			ហ៍
NEW Registered Office Address:			
	_{, 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.

/s/ Matthew Frauenshuh

Matthew Frauenshuh

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations● P.O. Box 6327● Tallahassee, FL 32314
FILING FEE: \$25.00