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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : HARVARD BUSINESS SERVICES,
Account Number : 12009000045
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LLC REGISTERED AGENT CHANGE
316NS, LLC

Certificate of Status	1
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2/8/21

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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: M6NS, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 66 SQUIRE HILL RD. NEW MILFORD, CT 06776 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 66 SQUIRE HILL RD. NEW MILFORD, CT 06776 03/29/2019 M19000003509

3. Date of filing/registration in Florida 4. Document number

5. (a) CT CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 7901 4th Street N, Ste 300 St. Petersburg, FL 33702

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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.

Signature of a member or authorized representative of a member Janet Aspen Printed or typed name of signer

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.

Signature of Registered Agent Bill Hume

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<u>Member</u>	<u>Managing Member</u>	<u>Mailing Address</u>	<u>City, State, Zip Code</u>
Premier Citrus Marketing, LLC	Jimmy Johnson	PO Box 690759	Vero Beach, FL 32969

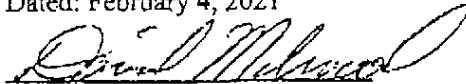
Alternate

<u>Member</u>	<u>Managing Member</u>	<u>Mailing Address</u>	<u>City, State, Zip Code</u>
Egan Fruit Packing, LLC	Greg Nelson	1900 Old Dixie Hwy	Fort Pierce, FL 34946

Alternate

1900 Old Dixie Hwy	Fort Pierce, FL 34946
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Dated: February 4, 2021


 David L. Milwood

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 CLERK OF STATE
 TALLAHASSEE, FL

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