| (Reque | stor's Name) | | | |
|--------------------------------|---------------|-----------|--|--|
| (Addres | s) | | | |
| (Addres | s) | | | |
| (City/Sta | ite/Zip/Phone | · #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busine | ss Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing | g Officer: | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



500215326635

12/22/11--01008--007 **35.00



COVER LETTER

| TO: Amendment Section Division of Corporation | s | | | | |
|---|------------------------------------|---------------------------------|----------------------|--|--|
| SUBJECT: | Bread and Rose | es Food Inc orporation | | | |
| DOCUMENT NUMBER: | N09 | 000007581 | | | |
| The enclosed Statement of Char | ge of Registered Offic | e/Agent and fee are subm | itted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| • | V | · · | | | |
| Meagan Ferris Name of Contact Person | | | | | |
| | | | • | | |
| | Bread and Ro | ses Food Inc | | | |
| | Firm/Co | | | | |
| | | | | | |
| | 915 Railro | | | | |
| | Add | ress | | | |
| | T " ' | El 00040 | | | |
| Tallahassee, FL 32310 City/State and Zip Code | | | | | |
| | _ | - | | | |
| breadandrosesfoodcoop@gmail.com E-mail address: (to be used for future annual report notification) | | | | | |
| L-mun add | ess. (to be used for fo | atare aimam report nou | incutony | | |
| For further information concerning this matter, please call: | | | | | |
| Meagan F | erris | at (850) | 728-6233 | | |
| Name of Contact | | Area Code & Dayt | ime Telephone Number | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| <u>Mailing</u> | Address: ment Section | Street Address | : | | |
| | ment Section on of Corporations | Amendment S | = | | |
| | ox 6327 | Division of C Clifton Buildi | - | | |
| Tallaha | ssee, FL 32314 | | ve Center Circle | | |

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thange is submitted for a corporation organized under the laws of the State of Florida | his |
|---|---|--|
| | der to change its registered office or registered agent, or both, in the State of Florida. | |
| | of the corporation: Bread and Roses Food Inc | |
| - | al office address: 915 Railroad Ave #2 | |
| Tallahass | see, FL 32310 | |
| 3. The mailing a | g address (if different): | |
| 4. Date of incor | orporation/qualification: 08/04/2009 Document number: N090000 |)07581 |
| | and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned) | |
| | Heather Griffis | |
| | 228 E Tharpe St | |
| | Tallahassee, FL 32303 | |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or registered office): Meagan Ferris | DIVISION OF CORPORATION 11 DEC 22 PH 12: 2 |
| | 915 Railroad Ave 1/2 | cor 2 f |
| | P.O. Box NOT acceptable | T POR |
| | Tallahassee, FL 32310 | 2 |
| The street addre | tress of its registered office and the street address of the business office of its register ill be identical. | - |
| Such change wa authorized by th | was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | 0 |
| Jay Signatur | Taylor Lee, Board of Director Me | <u>mber</u> |
| I hereby accept I further agree to of my duties, an document is bei corporation has | ot the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. eing filed merely to reflect a change in the registered office address, I hereby confirm as been notified in writing of this change. | formance Or, if this n that the |
| <i>lk N</i> | 12/19/2011 | |
| Sign | ignature of Registered Agent Date | |
| If signing on be | pehalf of an entity: | |
| | Meagan Ferris Typed or Printed Name | |
| 1,3 | * * * FILING FEE: \$35.00 * * * | |
| | * ************************************ | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)