## PO1000005897

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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DEPARTMENT OF STATE
VISION OF CORPORATIONS
TALL ANASSES FOR DEIDA

100 1507



ON SENVICE COMPANY						
ACCOUNT NO. : 07210000032						
REFERENCE : 700155 7523441						
AUTHORIZATION : Spelle man						
COST LIMIT : (\$35.00						
ORDER DATE : January 5, 2007						
ORDER TIME : 12:54 PM						
ORDER NO. : 700155-005						
CUSTOMER NO: 7523441						
CHANGE OF AGENT						
•						
NAME: AGRILINK FLORIDA, INC.						
•						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Susie Knight EXT# 2956						
EXAMINER:						
<del></del>						

STATEM	ENT OF CHANGE OF REGISTERED FOR CORP	OFFICE OR REGISTE ORATIONS	REDSCORNE	第9英 公司	T/-
Pursuant to	the provisions of sections 607.0502, 617.050	02. 607.1508. or 617.1508.	Florida Statutes.		•
statement of	change is submitted for a corporation organ	nized under the laws of the	State of Florida	MO	웃
in i	order to change its registered office or regist	tered agent, or both, in the	State of Florida.	700	
				유로	••
1. The name	e of the corporation: AGRILINK FLORIDA,	INC.		57	18
	ipal office address: 5400 Ft Denaud Rd,			75	
z. The princ	ipai office addiess: <u>5400 ft Defiadd Rd, 7</u>	Alva, Fronta 33320			
3. The maili	ing address (if different): 2282 Airport Blu	vd, Santa Rosa, Californ	ia 95043		
4. Date of in	acorporation/qualification: 01/12/2001	Document number:	P01000005897		
	e and street address of the current registered a epartment of State:	agent and registered office	on file with the		
	KATHY JOHNSON				
	5400 FT DENAUD RD		<u> </u>		
	ALVA FL 33920				
6. The name (if change	e and street address of the new registered age ed):	nt (if changed) and /or regi	stered office		
	Corporation Service Company				
	1201 Hays Street				
	(P.O. Box NOT acceptable	)			
	Tallahassee, FL 32301				
The street as	ddress of its registered office and the street will be identical.	address of the business of	ffice of its registe	ered agent,	
Such change authorized t	e was authorized by resolution duly adopte by the board, or the corporation has been no	d by its board of directors otified in writing of the ch	or by an officer ange.	so	
Wells	ignature of an officer or prector)	/ N HENNES (Printed or type	ST PRE	BIDENT	7
i juriner agi of my duties document is corporation	cept the appointment as registered agent ar ree to comply with the provisions of all stat s, and I am familiar with and accept the objections of all states of the property to reflect a change in the has been noufied in writing of this change	nd agree to act in this cap tutes relative to the propei ligation of my position as ne registered office addres t.	acity. r and complete pi registered agent. is, I hereby confit	erformance Or, if this rm that the	!
	rish Service Company	1/5	107		
By: /		Co <del>urtney / (p/</del> V. Pres.	ie)		
If signing or	n behalf of an entity:	•			
	(Typed or Printed Name)				
,	( a Shari of 1 stiteor ( dette)				

\* \* \* 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)