

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEL MONTE FRESH PRODUCE COMPANY

Account Number : I20000000225 Phone : (305)520-8056 Fax Number : (305)448-6647

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## REGISTERED AGENT CHANGE ASD FINANCIAL SERVICES CORP

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## **COVER LETTER**

Division of Corporations				
SUBJECT: ASD FINANCIAL SER				
Name of Corporation				
DOCUMENT NUMBER: P0200	0115173			
The enclosed Statement of Change of Registered Office/A	agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Jeffrey S. Bai Name of Conta	ley, Esq.			
Name of Conta	Ct 1 Clauri			
The Bailey Law Group PLLC				
Firm/Comp	pany			
241 Sevilla Addres				
Addres	S			
Coral Gables, FL 33134 City/State and Zip Code				
City/state and i	Zip Code			
ibailer e ibailer	aw.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call	<b>l:</b>			
Jeffrey S. Bailey	at ( 305 ) 520-8155 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Departme	ent of State,			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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

Delmonte

statement of cha	inge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	re of Florida	
1. The name of t	the corporation: ASD I	FINANCIAL S	ERVICES CORP		
2. The principal	office address; 25 S.E	. 2nd Avenue, S	Buite 606, Miami, FL 3	3131	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	10/25/2002	Document number:	P02000115173	
	d street address of the cur rtment of State: (If resign		at and registered office on f	ile with the	
	CORPDIRECT AG	SENTS, INC.			
	515 East Park Ave	nue			
	Tallahassee, FL 32	2301			
6. The name and (if changed):	·	J ,	if changed) and /or register	26 ARY ASSE	
	THE BAILEY LAW	GROUP PLLC	<u> </u>	AMIN: OF STA E, FLOR	
	241 Sevilla Avenue	P.O. Box NOT ac	centable	TATE ORNE	******
	Coral Gables, FL			<u>ထူက</u> တ	
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business offic	e of its registered agent,	
Such change we authorized by the	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so ge.	
Signatu	re of an officer of director		Printed or typed nam	e and tifle	
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as reg to comply with the prov dd I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	agree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I		
FOX		·	05/25/2	010	
	nature of Registered Agent	_	Date		
If signing on be	half of an entity:				
Jeffrey S	Sailey	•	•		

\* \* \* FILING FEE: \$35.00 \* \* \*