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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone

: (850)224-8870

Fax Number

(850) 224-7047

REGISTERED AGENT CHANGE

QUALITY FOOD GRADE CARRIERS INC.

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Corporate Filling

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- I. The name of the corporation: Quality Food Grade Carriers Inc.
- THE SHOOT OF THE PARTY OF THE P The principal office/mailing address: 1005 Snivley Avenue, Winter Haven 33880.
- 3. Date of Incorporation: November 12, 2003 Document No.: P03000130364
- 4. The name and street address of the current registered agent on file with the Florida Department of State:

JEFFREY RICHARDS 2757 LAKE SAXON DRIVE LAND O LAKES, FLORIDA 34639

5. The name and street address of the new registered agent;

VICTOR R. SMITH, ESQUIRE SMITH LAW GROUP, P.A. 170 EAST HAINES BLVD. LAKE ALFRED, FLORIDA 33850

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Printed name and title Presider,

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I hereby accept the appointment as registered if further agree to comply with the provision complete performance of my duties, and I at of my position as registered agent. Or, if the reflect a change in the registered offices additionally accomparation has been fortified to writing of the corporation has been fortified to the corporation to the corporation has been fortified to the corporation to the corporatio	s of all statutes relative to the proper and in familiar with and accept the obligation is document is being filed merely to ress, I hereby confirm that the
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or printed name	Conneity