P14000005142

(R	equestor's Name)	i	
(*)	,		
(Address)			
(A	ddress)		
	:- (Ot-1- (7)- (D)-	- 46	
(C	ity/State/Zip/Phon	ie #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Cartified Canian	Contificato	e of Status	
Certified Copies	_ Certificate	s or Status	
Consist Instructions to	Cilina Officer		
Special Instructions to Filing Officer:			

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SECREMENTOF STATE
PALLAHASSEE: FLORIDA

10/13/14

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

statement of cha	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
1. The name of	the corporation: Unico Grocery Inc).	
2. The principal	office address: 3221 S John Your ee, Fl 34746	ng Pkwy	
3. The mailing a	address (if different): PO Box 70236 d, FI 34769	62	
4. Date of incorp	poration/qualification: 01-16-2014	Document number: P1400005142	
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file with the	
	Capital Tree Accounting Ser		
	1150 East Plant St , Suite F		
	Winter Garden , Fl 34746	FLED WHAT A PROPERTY OF THE P	
1150 East Plant St , Suite F Winter Garden , FI 34746 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Yamila Gonzalez			
	Yamila Gonzalez	DRIDE STATE	
	3221 S John Young Pkwy	<i>P</i>	
	Kissimme, Fl 34746	acc ep tabl e	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted beard, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Signatu	te of Am officer or director	Yamila Gonzalez, VP	
I hereby accept I further agree of performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statu mv duties, and I am familiar with and ac	l agree to act in this capacity. tes relative to the proper and complete ccept the obligation of my position as registered act a change in the registered office address, I	
1/6	7000	09/30/2014	
	nature of Registered Agent	Date	
	half of an entity:		
Unico Groc	cery, Inc yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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