

P96000029641

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October 17, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MacKnight Smoked Foods Florida, Inc.

Dear Sir/Madam:

Enclosed please find the requisite fee of \$35.00 to change the name of the registered agent along with the form.

Thank you for your cooperation.

Sincerely,

CUEVAS & RUBIN, P.A.

Jonathan R. Rubin

JONATHAN R. RUBIN
Encl.

FILED
97 OCT 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
NFS 10-22-97

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MacKnight Smoked Foods Florida, Inc.
2. The mailing address of the corporation is: 550 NE 185th Street, Miami, FL 33179
3. Date of incorporation/qualification: April 4, 1996 Document number: 996000029641
4. The name and address of the current registered agent and office:

Paul J. McMahon

200 South Biscayne Blvd., Suite 3150

Miami, FL 33131-2311

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Jonathan R. Rubin

9200 South Dadeland Blvd., Suite 603

Miami, FL 33156

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.

[Signature] September 4, 1997
(Signature of an officer, chairman or vice chairman of the board) (Date)

Jonathan S. R. Brown President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

9/4/97
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)