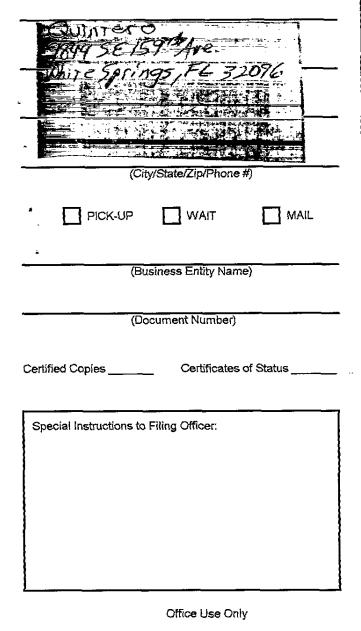
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Charge

12/12/05-01023-002 **35.00

FILED

BECRETARY OF STATE
SECRETARY OF STATE

12/16/05

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, 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. |
|--|
| 1. The name of the corporation: SUNAMEE BIDER VALLEY FARMS FAC |
| 2. The principal office address: 9844 SE 19740 AUE |
| White Springs, Fl 320910 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 5/31/1996 Document number: Plococy 4778C |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| CHERIL Quinters |
| 9844 SE 159+4 AUE |
| white Springs, FL 32096 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| MARC Z Quintero |
| 9844 SE 15945 AUE 82 0 M |
| (P.O. Box NOT acceptable) |
| White springs ; FL 300916 95 5 |
| 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. |
| x Man 26 marc ? Quinters) |
| (Signature of an officer or director) (Printed or typed name and fitte) |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signapoly of Registered Agent) |
| If signing on behalf of an entity: |
| Cheryl Quintaro (Typed of Printed Name) |

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