Document Number Only

CR2E031 (1-89)

P96000 01102

| CT CORPORATION SYSTEM | | | _ | |
|--|----------------|---------------------------------------|--|------------------------|
| Requestor's Name 660 East Jefferson Str | eet | | | |
| Address Tallahassee, FL 32301 | | | EUUUUUUUU | 760 |
| City State Zip | Phone | | 6000022735 -08/21/97010 *****35.00 * | 162012 |
| CORPORATI | ON(S) NAME | | *************************************** | *****33.00 |
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| () Profit | | | EE C | · |
| () NonProfit | () Amendm | ent | () Merger COR | 1,000 |
| () Limited Liability Co. () Foreign | () Dissolution | on/Withdrawal | () Mark Dr. + | • |
| () Limited Partnership | () Annual F | | ()Other ucc Fil: | ing |
| () Reinstatement | () Reservat | ion | Change of R.A. | |
| () Certified Copy | () Photo Co | opies | () CUS | |
| () Call When Ready | () Call if Pr | oblem | () After 4:30 S | |
| Walk In () Mail Out | | | Pick Up 97/18 | |
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| Name Availability | | PLEAS | SE RETURN EXTRA-CO | PIES |
| Document Examiner | | | FILE STAMPED | i |
| Updater | 1 -1 -20 | THANKS | MELANIE @ 37 | • |
| Verifier | 8.21-57 | | ·- | |
| Acknowledgment . | | | 8/21 | |
| | | | 8/21 Jong | |
| W.P. Verifler | | | // 22.A | , al |

Florida Department of State, Jim Smith, Secretary of State

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

| Florida Statutes, the undersigned corporation organize FLORIDA submits the following statement in organizer registered agent, or both, in the State of Florida. | zed under the laws of der to change its regi | the State of stered office |
|--|---|----------------------------|
| 1a. The name of the corporation is: | H PRODUCE (FLORIDA) | ING |
| 1b. Date of incorporation 12/13/96 | Document number | P96000101102 |
| The name and address of the current registered CHERYL S JACKMAN | agent and office: | 97 AUG 2 SECRETA |
| 800 DOUGLAS RD, CORAL GABLES, FL 33134 | | NY NY NY |
| 3. The name and address of the new registered ager (P.O. Box Not Acceptable) C T CORPORATION SYST | | PH 2: 44 EFLORID |
| c/o C T CORPORATION SYSTEM, 1200 South Pine I | Island Rd., Plantati | ion, Florida 3332 |
| The street address of its registered agent and the str of its registered agent as changed will be identical. Such change was authorized by resolution duly adopt an officer so authorized by the board. SIGNATURE AUGUST 19, 1997 DATE | | irectors or by |
| HAVING BEEN NAMED AS REGISTERED AGENT A PROCESS FOR THE ABOVE STATED CORPORATION | | |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 BY: CT. CORPORATION SYSTEM

(Registered Agent)

OATE 8/18/97

(Registered Agent)

SPECIAL ASSISTANT SECRETAR

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00**