P97000099998

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B)	usiness Entity Name)
(Do	ocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: John J. O'Hearn Jr. Produce Co. (Name of Corporation)		
DOCUMENT NUMBER: P97000099998		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jennifer Meier		
(Name of Contact Person)		
Pagistared Agents Legal Services 11 C		
Registered Agents Legal Services, LLC (Firm/Company)		
1220 N. Market St., Suite 806 (Address)		
(100,122)		
Wilmington, DE 19801		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jennifer Meier at (800) 400-6650 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Eventive Center Circle		

Tallahassee, FL 32301

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: John J. O'Hearn Jr. Produce Co.
2. The principal office address: 32 Berlin Ave. Milton, MASS 02186
3. The mailing address (if different): P.O. Box 720807, Orlando, FL 32872
4. Date of incorporation/qualification: 11/21/97 Document number: P97000099998
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Corporation Service
1201 Hays St.
Tallahassee, FL 32301
Corporation Service 1201 Hays St. Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Legal Services, LLC
155 Office Plaza Drive, Suite A
(P.O. Box NOT acceptable) Tallahassee, FL 32301
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.
(histophylori an affect or director) The TCI Part +1. Puts Kart / CFC)
I hereby ackept 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
MICHAEL W. ASHLEY (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8/05)