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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Fyffes Inc.	
Nanie of Corporation	
DOCUMENT NUMBER: S88177	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Tim Henkel	
Name of Contact Person	
Henkel & Cohen, P.A.	
Firm/Company	
1730 Main Street, Suite 228	
Address	
Weston, FL 33326	
City/State and Zip Code	
tdh@miamibusinesslitigators	com
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
Tim Henkel	31 (305) 389-6745
Name of Contact Person	at (305)389-6745 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

Florida in orde	inge is submitted for a corporation organizer to change its registered office or register Fyfics Inc.			
The name of The principal	the corporation: Fyffes Inc. office address: 999 Ponce de Leon Blvd., St	uite 900, Coral Gables, Fl. 33134		-
3. The mailing a	address (if different):		-	<u>.</u>
4. Date of incor	peration/qualification: 10/18/1991	Document number: S88177	·	_
	d street address of the current registered ago rtment of State: (If resigned, enter resigned		vith the	
	Timothy D. Henkel		202 SE	
	7480 SW 40th Street, Suite 450		2021 OCT 2 SECTORIA TALLURI	لئـ
	Miami, FL 33155		7.25	i
6. The name and (if changed):	ffice True			
	Timothy D. Henkel, Esq.			4
1730 Main Street, Suite 228				
P.O. Box NOT acceptable Weston, FL 33326				
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business office of i	its registered agent	;
	as authorized by resolution duly adopted be board, or the corporation has been notified.			
11	I Plul	PHILIP MARKS	PRESIDE	JX
I hereby accept I further agree of my duties, an document is bet corporation has fig If signing on be	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the sheen notified in writing of this change. Augel nature of Registered Agent thalf of an entity:	agree to act in this capacity es relative to the proper and coation of my position as registere registered office address, I here	mplete performanced agent. Or, if this by confirm that the	e S ?
1	yped or Printed Name * * * FILING FEE	C: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)