

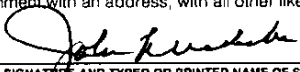


FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90018 012 ***150 00

DOCUMENT # V47650						Secretary of State	
1. Entity Name JASCO PREMIER FOODS, INC.				03-21-2008 90018 012 ***150.00			
Principal Place of Business 709 BAYOU DRIVE DESTIN, FL 32541 US		Mailing Address 709 BAYOU DRIVE DESTIN, FL 32541 US				 02062008 Chg-P CR2E034 (12/06) 4. FEI Number 59-3135509 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
--6-- Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LUEDECKE, JOHN 709 BAYOU DRIVE DESTIN, FL 32541				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D LUEDECKE, JOHN E 709 BAYOU DR. DESTIN, FL			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME							
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NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  JOHN LUEDECKE				3/19/12 850-499-2951			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			