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AZ Corp. Commission

JUL 2 5 2016

ARIZONA CORP. COMMISSION GORPORATIONS DIVISION

Harris State

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

LLC STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions L020i

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed. The form will be rejected if those sections are not completed.

- ENTITY NAME give the exact name of the LLC as currently shown in A.C.C. records: KODIAK FRESH PRODUCE, LLC
- 2. A.C.C. FILE NUMBER: L 11702961

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. ARIZONA KN	OWN PLACE O	F BUSINESS	ADDRESS:		
3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes):			3.2 Optional - List the NEW known place of business address in Arizona (must be a street or physical address):		
Attention (optional)	DATANTE		Attention (optional)		
9030 W MAUNA LOA LANE		Address 1			
Address 2 (optional)	AZ	85381	Address 2 (optional)		
city PEORIA	State	Zip	City	State	Zip
	eted 3.2, is the ress of the statu		place of business add	ress in Arizona	the same as

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission before any changes (this is the existing statutory agent):

4.1 REQUIRED – list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			4.2 REQUIRED - list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:			
F AND H SERVICES LLC Statutory Agent Name % CORY D FARLEY						
Attention (optional)			Attention (optional)			
18301 N 79TH AVENUE ST	TE G-191					
Address 1			Address 1			
Address 2 (optional) City GLENDALE	AZ State	85308 zip	Address 2 (optional) City	State	Zip	

- 4.3 CHANGE IN EXISTING STATUTORY AGENT NAME ONLY if the name only of the existing statutory agent listed in number 4.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

 TIMOTHY W HOLT
- **4.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS** check all that apply and follow instructions:
 - **☑ STREET ADDRESS CHANGED** complete number 4.5.
 - ✓ MAILING ADDRESS CHANGED complete number 4.6.

4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) In Arizona of the existing statutory agent:			4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):			
Attention (optional) 7075 W BELL ROAD			Attention (optional) 7075 W BELL ROAD			
Address 1 SUITE 1			Address 1 SUITE 1			
Address 2 (optional) GLENDALE City	AZ State	85308 zip	Address 2 (optional) City GLENDALE	AZ State	85308 zip	

5. NEW STATUTORY AGENT — if a new statutory agent is being appointed, check the box					
and complete the fo	-		<u> </u>		
5.1 REQUIRED – give the			5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
individual or an entity					
street address (not a l	•	n Arizona			
of the NEW statutory a	agent:				
TIMOTH W. HOLT					
Statutory Agent Name		†			
Attention (optional)			Attention (optional)		
7075 W BELL ROAD				_	
Address 1		Address 1			
SUITE 1					
Address 2 (optional)	1.7	96200	Address 2 (optional)		
OI END ALE	AZ	85308			
city GLENDALE	State	Zip	City	State	Zip
5.3 REQUIRED - if you ar	e appointir	ng a new st	atutory agent, the <u>Stat</u>	tutory Agent Ac	ceptance
form M002 must be submitted along with this Statement of Change form.					

SIGNATURE - <u>see Instructions L020i</u> for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies under penalty of perjury that he or she has given the LLC named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

✓ I ACCEPT	
BLAIR HILLMAN	07/25/2016
Printed Name	Date
fill in the corresponding blank if sign	ing for an entity:
I am a Member of this member- managed LLC or I am signing for an entity member named:	I am a Statutory Agent changing only my own address and/or my own name.
	BLAIR HILLMAN Printed Name Fill in the corresponding blank if sign I am a Member of this member- managed LLC or I am signing for an

All fees are nonrefundable - see Instructions. 602-542-4100 Fax: Mease be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

Mail:

Filing Fee: \$5.00 (regular processing)

Expedited processing - add \$35.00 to filing fee.

All documents filed with the Arizona Corporation Commission are public record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

Arizona Corporation Commission - Corporate Filings Section

1300 W. Washington St., Phoenix, Arizona 85007

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appostatutory Agent (this must match exactly the name as listed on the document appointing statutory agent, e.g., Articles of Organization or Article of Incorporation): KODIAK FRESH PRODUCE, LLC	inted the
2.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> – the must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any ninitial or suffix:	name e
	TIMOTHY W HOLT	.
3.	STATUTORY AGENT SIGNATURE:	
	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent resigns, whichever occurs first.	itutory
	The person signing below declares and certifies <i>under penalty of perjury</i> that the informat contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.	ion
	TIMOTHY W HOLT	07/25/2016
Sign	Printed Name	Date

REQUIRED	-	check	only	one:
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Individual as statutory agent: I am signing on signing on behalf of myself as the individual (natural person) named as statutory agent.

Filing Fee: none (regular processing)

Expedited processing – not applicable.

All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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