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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2018 JUL 23 PM 1:05

**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>000085808</b>	2. Exact Name of the Corporation <b>Cala Fruit Distributors, Inc.</b>
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Street Address <b>1395 Atwood Ave., Ste. 209B</b>	
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b> Zip <b>02919</b>
4. The address of the <b>NEW</b> registered office is: Street Address ( <u>NOT</u> a P.O. Box) <b>1395 Atwood Ave., Ste. 203B</b>	
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b> Zip <b>02919</b>
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>	
Name of the Registered Agent/Officer of the Corporation <b>John S. Petrone</b>	Date <b>7-17-18</b>
Signature of the Registered Agent/Officer of the Corporation  SIGNATURE HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
**JUL 23 2018**  
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