

(Requestor's Name)
(Address)
:
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L.
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscqlobal.com

Date: November 15, 2017

Order#: 913621-020

Re: MASTRONARDI PRODUCE-USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

	· · · · · · · · · · · · · · · · · · ·	,	9502, 607.1508, or 617.15 ganized under the laws of		
		1	gistered agent, or both, in t	·	
1. The name of	the corporation: MAST	RONARDI PRO	DDUCE-USA, INC.		
			d, Livonia, MI 48150-2336		
	:	ŀ			
3. The mailing a	address (if different):				_
4. Date of incor	poration/qualification:	07/21/2006	Document numb	F06000004840	_
	d street address of the rtment of State; (If res	•	d agent and registered offi gned)	ce on file with the	
	C T Corporation Sys	t <mark>e</mark> m			
	1200 South Pine Island Road			9	
	Plantation		FL 3332	egistered officer	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regi			egistered officer 7 PH IZ: 0	
		Company			
	1201 Hays Street	, BO Pau N	OT acceptable	Ţ,	
	Tallahassee	- F.O BOX P	FL 3230	11	
The street addreas changed will	[ess of its registered of be identical.	fice and the stre	et address of the business	office of its registered agent,	
Such change was authorized by the	as authorized by resole he board, or the corpor	ution duly adop ration has been	ted by its board of directo notified in writing of the	rs or by an officer so change.	
<u>Xie</u>	E agnie		Jill Cilmi	Vice President	
I further agree performance of agent. Or, if th hereby confirm	to comply with the pro my duties, and I am fo is document is being f	visions of all st amiliar with and iled merely to re ias been notified	and agree to act in this co atutes relative to the proj	iver and complete my position as registered istered office address, I	
	nature of Registered Agent	1		ate	
If signing on be	half of an entity:				
	Asst. Vice President				
T-	voed or Printed Name				

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