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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please *****.

இEmail Address:_

REGISTERED AGENT CHANGE PQ BRANDS LTD. CORP

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APR 28 2021

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

statement of cha	unge is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida ganized under the laws of the State of j sistered agent, or both, in the State of I	Maryland	-
1. The name of	the corporation: PQ BRANDS LTD. C	ORP		_
		CIRCLE, STEVENSVILLE, MD 21666		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/17/2016	Document number: F160000	002748	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file w gned)	rith the	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		-	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered of	ffice	
	Northwest Registered Agent LLC		121	۳
7901 4th St N STE 300				
	St. Petersburg FL 33702	NOT acceptable) PH	(<u>1</u>
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of it	ts registered age	ent,
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	sted by its board of directors or by an notified in writing of the change.	officer so	
Matth-El	UP GUIM ire of an officer of director	MATTHEW P QUINN, CP Printed or typed name and tit	ile	
l further agree performance of	my duties, and I am familiar with an	and agree to act in this capacity. tatutes relative to the proper and con d accept the obligation of my position eflect a change in the registered offic d in writing of this change.	n as revistered	
lon	Glove	04/27/2021		_
_	nature of Registered Agent	Date		
Tom Glove	chalf of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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