F18000001598

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2022 HAR 31 PM 3:

A. BUTLER APR 0 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 583129 AUTHORIZATION COST LIMIT ORDER DATE: March 31, 2022 ORDER TIME : 1:39 PM ORDER NO. : 583129-015 CUSTOMER NO: 8374501 CHANGE OF AGENT NAME: NEW HORIZON FOODS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida S tion organized under the laws of the State of $\frac{1}{2}$ $\frac{1}{2}$	MINNESC		
1. The name of	the corporation: NEW HORIZO	ON FOODS, INC.			
2. The principal DES MOINES,	office address: 2670 106TH S	T SUITE 140			_
-			. <u>.</u>		-
		Document number: F180000	01598		_
5. The name and		egistered agent and registered office on file wit			
	BUSINESS FILINGS INCOF	RPORATION			
	1200 S PINE ISLAND RD				
	PLANTATION	FL 33324	SE	202	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and for registered off	CRETAIN ALI _E AHA	2022 MAR 31 PH 12: 4	
	Corporation Service Compar	ny		PH	ľ
	1201 Hays Street		ST/	<u>5</u>	C
	P.O. Box NOT acceptable		1	<u> </u>	
	Tallahassee	FL			
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its	s registere	d agent	•
Such change wa authorized by th	as authorized by resolution duline board, or the corporation ha	ly adopted by its board of directors or by an os been notified in writing of the change.	officer so		
Xie 0	Comi	Jill Cilmi, Vice President			
Signatu	re of an officer or director	Printed or typed name and titl	le		
I further agree a of my duties, an document is bei corporation has	to comply with the provisions (ad I am familiar with and acce,	l agent and agree to act in this capacity, of all statutes relative to the proper and compt the obligation of my position as registered ange in the registered office address. I herebis change.	Lagent, C	r , if thi	S
By: Ilnace Cokuble		03/31/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Grace E. Kirby,	Asst Vice President				
T	vped or Printed Name				

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