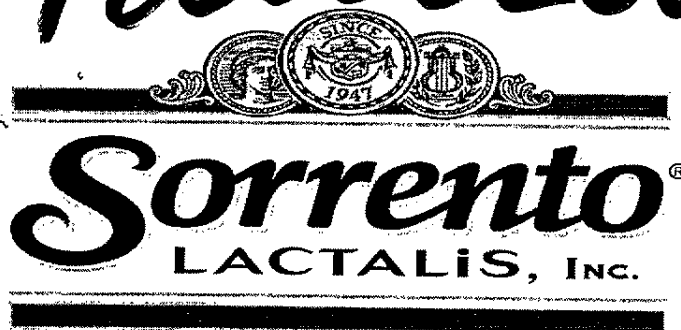


F94000002626



Sorrento Lactalis, Inc.
2375 South Park Avenue
Buffalo, NY 14220 (716) 823-6262

FILED
00 JUN 20 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 8, 2000

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

4000003297614--0
-06/20/00--01072--004
*****70.00 *****35.00

RE: Sorrento Lactalis Arpin, Inc.
FEIN: 39-1080029
Document #: F94000002626

Ladies and Gentlemen:

Please find the following enclosed with respect to our name change from Arpin Dairy, Inc. to Sorrento Lactalis Arpin, Inc.:

- A "Profit Corporation Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida" form,
- A "Statement of Change of Registered Office or Registered Agent or Both for Corporations" form,
- A copy of a state approved Articles of Amendment changing our name from Arpin Dairy, Inc. to Sorrento Lactalis Arpin, Inc. and
- A check in the amount of \$70.00 - \$35.00 for the Amendment, \$35.00 for the change in registered agent.

Please adjust your records accordingly to reflect this name change and new registered agent. If you have any questions regarding this matter, do not hesitate to contact me at 716-823-6262, ext. 479.

Very truly yours,

Beth A. Bauman
Tax Manager
SORRENTO LACTALIS, INC.

RA Change
T. LEWIS JUN 22 2000

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of WISCONSIN submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : ARPIN DAIRY, INC.
2. The mailing address of the corporation : COUNTY HIGHWAY N. P.O. BOX 37
ARPIN, WISCONSIN 54410
3. Date of incorporation/qualification: 5/19/94 Document number: F94000002626
4. The name and address of the current registered agent and registered office:
CT CORPORATION SYSTEM
1300 S. PINE ISLAND ROAD
PLANTATION, FLORIDA
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
TOM GWOREK
2202 EAGLE BLUFF DRIVE
VALRICO, FLORIDA 33594

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JUN 20 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Charles B. Hylkema
(Signature of an officer, chairman or vice chairman of the board)

6/8/2010
(Date)

CHARLES B. HYLKEMA, V.P. FINANCE
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

TOM GWOREK
(Typed or Printed Name)

MANAGER REGIONAL SALES
(Capacity)

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