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ALLANASSEE, FLORIDA

JAN 18 2000



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: January 12, 2018

Order#: 997082/001

Re: PET SUPERMARKET, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 ....

Please take the following action:

XX File in your office on a routine basis.

XX \_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

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

INCA.XCOA

## 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 Statutes, this tion organized under the laws of the State of FLORIDA e or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: PET SUPERM	IARKET, INC.	
	office address: NATIONAL PARKWAY SUNF	RISE FL 33323	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/16/1	986 Document number: J09734	
	street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND	ROAD	
	PLANTATION	FL 33324	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office	
	Corporation Service Compan		
	1201 Hays Street		
	Tallahassee	.O. Box NOT acceptable  FL 32301	
The street addre	ss of its registered office and be identical.	the street address of the business office of its registered agent.	
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Xie d	P. almi	Jill Cilmi, Vice President	
Signatur	Signature of an officer or director Printed or typed name and title		
I further agree to performance of agent. Or, if thi hereby confirm	o comply with the provisions my duties, and I am familiar v s document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete vith and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
By: Linea C. Kubi		01/10/2018  Date	
	nalf of an entity:	MIL	
Grace E. Kirby,	Assistant Vice President		
Tv	ped or Printed Name	<del></del>	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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