L0000016201

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300025631763

DIVISION OF CORPURATION





ACCOUNT NO. : 072100000032	
REFERENCE : 397197 5167843	esa .
AUTHORIZATION: Patricia Pigit	
COST LIMIT : \$ 25.00	
ORDER DATE : January 15, 2004	1
ORDER TIME: 10:27 AM	2
ORDER NO. : 397197-110	
CUSTOMER NO: 5167843	<u></u>
CUSTOMER: Ms. Stephanie Tillman Flowers Foods, Inc. 1919 Flowers Circle	<u>-</u>
Thomasville, GA 31757	- ·
CHANGE OF AGENT	
NAME: FLOWERS BAKING CO. OF JACKSONVILLE, LLC	. <u></u>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	= V
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Carla E. Lohi EXT# 2932 EXAMINER:	

- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability co	ompany is: FLOWERS BAKING CO. OF J.	ACKSONVIL	LE, LLC	
2. The mailing address of the limited	liability company is:			'
P.O. Box 12579, Jacksonvill	e, FL 32209		, `	
	·			1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
December 27, 2000	L00000016201	<u> </u>		· -
3. Date of filing/registration in Florid	4. Document nur	nber		
5. The name of the registered agent ar Florida Department of State:	nd the registered office address as shown of	on the recor	ds of the	
	CT Corporation System			
·	Name		••	÷ : : : _
1	200 South Pine Island Road			
	Address		· · · · · · · · · · · · · · · · · · ·	: મી ≟ :
Plantation, FL 33324		w 17		
City, State and Zip			2	£.,
6. The name and address of the new registered agent and/or office:		TYHYT		<u>-</u>
Co	rporation Service Company	SSS N	2 F	_
Name			_ [II]	
	1201 Hays Street	13. SI		
Florida str	reet address (P.O. Box NOT acceptable)		ў Л 3	
Tallah	nassee FL 32301	·	-	
	City, State and Zip	•		Tig st
confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm	and the second	of the regis of a Florida d by an affi	tered office limited rmative vo	ote of
Blanca Lozada, Attorney in Fac (Printed or typed name of signee)	t garage and the second	, *	*	
I hereby accept the appointment as recomply with the provisions of all statuand I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the limit	egistered agent and agree to act in this ca ties relative to the proper and complete pe obligations of my position as registered of it is being filed to merely reflect a change ited liability company has been notified in	pacity. I fu erformance igent as pro in the regi i writing of	rther agre of my dut ovided for stered offi this chan	e to ies, in ce ge.
(Signature of Registered Agent) Sylvia Que	ppet, Asst. Vice President	 		₹
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00