Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001829023)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : PARANRY CORPORATION SERVICES, INC.

Account Number : I20090000069

: (800)277-9977

Fax Number

: (800)815-0477

**Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE INSTITUTION FOOD HOUSE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help



Date 7-13-12

Florida Secretary of State
Amendment Section — Corporations Division
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Institution Food House, Inc.

Dear Filing Officer:

Please file the following on a routine basis:

- 1. One original and one copy of Statement of Change of Registered Office or Agent or Both
- 2. Our check in the amount of \$ 35.00 to cover filing fees
- 3. A self-addressed stamped envelope for return of evidence.

Should there be any problem or questions regarding this filing, please call me at our toll free number: 1-800-277-9977.

Thank you for your assistance, Eileen Chaddock # 12 -07 - 009 6 H12000182902 3

COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|------------------------|--|--|
| Imili SUBJECT: | ution Food House, Inc. | |
| DOD950-1 | Name of Corp | poration |
| DOCUMENT N | P33098 UMBER: | |
| The enclosed Ste | ternent of Change of Registered Office/A | Agent and fee are submitted for filing. |
| | correspondence concerning this matter io | |
| | Rifeen Chaddock | - |
| | Name of Confa | of Passon |
| | | or r eracut |
| | Paranet Corporation Services, Inc. | |
| | Firm/Comp | party |
| • | 3675 Creatwood Pkwy., Suite 350 | |
| | Addres | |
| | Duluth, GA 30096 | |
| | City/State and 2 | Zip Code |
| | | |
| | B-mail address: (to be used for futu | we annual report notification) |
| For further inform | nation concerning this matter, please cal | ī: |
| Elicen Chaddook | | |
| N | ame of Contact Person | at (|
| Enclosed is a \$35 | .00 check made payable to the Departme | ent of State. |
| | Mailing Address: Amendment Scotlon | Street Address: Amendment Section |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
| 0182902 3 | • | Tallahassee, FL 32301 |

CR2E045 (03/12)



July 16, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

INSTITUTION FOOD HOUSE, INC. PO BOX 2947

HICKORY, NC 28603

SUBJECT: INSTITUTION FOOD HOUSE, INC.

REF: P33098

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is the incorrect form. Please submit the form for a Florida or foreign corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H12000182902 Letter Number: 612A00018876

H12000182902 3.

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

| | rder to change its registered office or reg | | | |
|---|---|---|--|--|
| 1. The name | of the corporation; Institution Food House, | , Ino. | | |
| 2. The principal office address: 543 12th, Street Drive NW, Hickory, NC 28601 | | | | |
| 3. The malli | | | | |
| 4. Date of in | corporation/qualification: 03/11/1991 | Document number: P33098 | | |
| | and street address of the current registere spartment of State: (If resigned, enter resi | ed agent and registered office on file with the igned) | | |
| | CT Corporation System | | | |
| | 1200 S. Pine Island Road | agent (If changed) and for registered office | | |
| • | Plantation, 14. 33324 | | | |
| 5. The name (if change | | agent (If changed) and /or registered office | | |
| | NRAI Services, Inc. | | | |
| | 515 Best Park Avenue, Tallahassee, Ple | orlda 32301 | | |
| | P.O. Box 1 | NOT acceptable | | |
| The street ar | idress of its repistered office and the str | set address of the business office of its registered agent, | | |
| | | oted by its board of directors or by an officer so notified in writing of the change. | | |
| • | within. | Michael L. Miller, SVP. General Counsel, Secretary | | |
| | francis of an odition of discolar | Printed or typed name and title | | |
| neredy aco further agr performance gent. Or, i hereby confi | aps in appointment at registered agent de jo comply with the profitsions of all s t of my aulies, and I am familiar with am f this document is being filed merely to r im that the corporation has been notifie | and agree to act in this capacity, iquiter relative to the proper and complete a gecept the obligation of my position as registered reflect a change in the registered office address, i a in writing of this change. | | |
| By: 🗲 | IRAI Sérvices, Imo. | 7/19/2012 | | |
| | Signature of Registered Agent | Date | | |
| | i hahali of an antily: | • | | |
| f alghing on | | | | |
| | Chaddock Typed or Printed Name | • | | |