

273498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

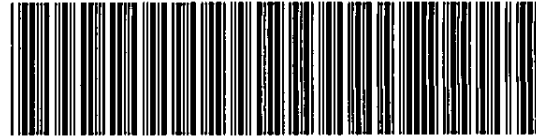
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200292148122

RECEIVED
16 NOV 18 AM 9:14
SECRETARY OF STATE
FILING

RECEIVED
16 NOV 18 PM 5:19
SUFFICIENCY OF FILING
SECRETARY OF STATE

Richg
NOV 21 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNNY DELIGHT BEVERAGES CO.
Name of Corporation

DOCUMENT NUMBER: 273498

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bob Wiktozak

Name of Contact Person

Bay State Corporate Services

Firm/Company

6 Beacon Street, Suite 510

Address

Boston, MA 02108

City/State and Zip Code

brian.grote@sunnyd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Wiktozak

Name of Contact Person

at (617) 742-8484

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUNNY DELIGHT BEVERAGES CO.
2. The principal office address: 10300 ALLIANCE RD, CINCINNATI, OH 45242
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/09/1963 Document number: 273498

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324.

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Brian Grote – Chief Financial Officer
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

7-1-2016
Date

If signing on behalf of an entity:

William DeNapoli

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

16 NOV 18 AM 9:44
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF
CORPORATIONS