

124923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

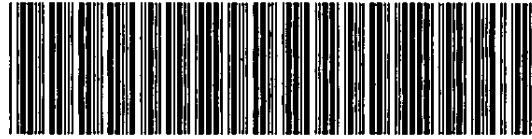
(Business Entity Name)

(Document Number)

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2013 MAY 16 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

MAY 20 2013
T. LEMIEUX

May 7, 2013

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.
I will also need a receipt for the credit card charges.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 110

Sincerely,

Jill Probst
Corporate Services Department
National Service Information, Inc
145 Baker St
Marion, Ohio 43302

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: LAKELAND ANIMAL NUTRITION, INC.
2. The principal office address: 2725 SOUTH COMBEE RD. LAKELAND, FL 33803
3. The mailing address (if different):

4. Date of incorporation/qualification: 07/18/1931 Document number: 124923

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).

NATIONAL REGISTERED AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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, FL 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

Nathan Hohman Secretary/Treasurer
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.

Jill Probst Asst. Secretary
Signature of Registered Agent

5-1-13
Date

If signing on behalf of an entity:

JILL PROBST ASST SECRETARY
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32314
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