## 124923

(Re	equestor's Name)		
· (Ad	ldress)		
(Ad	ldress)		
(Cir	ty/State/Zip/Phone	∋#)	
PICK-UP	☐ WAIT	MAIL	
	•		
(Bu	ısiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
Special instructions to	rang Oncer.		
		:	

Office Use Only



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SECRETARY OF STATE

RAPRO Change

MAR 2 0 2014 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: March 17, 2014

Order#: 046431/046

Re: LAKELAND ANIMAL NUTRITION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Alex Smetana

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ r to change its registered office or regist	nized under the la	ws of the State of _	FL
1. The name of	the corporation: LAKELAND ANIMAL NU	JTRITION, INC.		
	office address:Hill Pike, Nicholasville, KY 40356			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 07/18/1931	Document	number: 124923	
	d street address of the current registered a timent of State: (If resigned, enter resigned		ed office on file w	ith the
	NRAI SERVICES, INC.			
	1200 S PINE ISLAND RD			
	PLANTATION	FL	33324	
6. The name and (if changed):	d street address of the new registered agen	nt (if changed) ar	nd /or registered of	fice
	Corporation Service Company			SEC 14 P
	1201 Hays Street			HAR I
	P.O. Box NOT	`acceptable		9 35
	Tallahassee	FL	32301	19 19 E
The street addre	ess of its registered office and the street be identical.	address of the bu	usiness office of it	s registered agent;
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of o	directors or by an of the change.	officer so
	726		Dona Priebe	Vice President
I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified in Service Company	d agree to act in utes relative to th ocept the obliga	he proper and com tion of my position	iplete i as registered
By: $\sum_{S_{12}}$	nature of Registered Agent	March 12, 201	Date	
	half of an entity:			
Grace E. Kirby	Asst. Vice President			
Т	yped or Printed Name			
	* * * FILING FE	E: \$35.00 * * *		

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