

12/13/2017

2017-12-17 10:51:51 CST

12122023573 From: Kimberly Laughrey

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (512)418-6949  
 Fax Number : (954)208-0845

**\*\*Enter 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**  
**ASSOCIATED GROCERS OF FLORIDA, INC.**

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

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSOCIATED GROCERS OF FLORIDA, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** 144830

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:

Kathy Brandt

\_\_\_\_\_  
Name of Contact Person

ASSOCIATED GROCERS OF FLORIDA, INC.

\_\_\_\_\_  
Firm/Company

11840 Valley View Road

\_\_\_\_\_  
Address

Eden Prairie, MN 55344-3643

\_\_\_\_\_  
City/State and Zip Code

legal.notices@supervalu.com

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

For further information concerning this matter, please call:

Kathy Brandt

952

828-4162

\_\_\_\_\_  
Name of Contact Person

at (

)  
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

CR2E045 (03/12)

**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: ASSOCIATED GROCERS OF FLORIDA, INC.
2. The principal office address: 11840 Valley View Road  
Eden Prairie, MN 55344
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/22/1945 Document number: 144830

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)

Christopher Miller

1141 SW 12th Ave.

Port Antonio Beach, FL 33069

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

C T Corporation System

c/o C T Corporation System, 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

Stuart D. McFarland, CEO, President & Secretary

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.*

By: C-T Corporation System  
Signature of Registered Agent

12/13/17  
Date

If signing on behalf of an entity:

Michele Miller  
Assistant Secretary

\*\*\* 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)

FILED  
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