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REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : June 15, 2000

ORDER TIME : 2:47 PM

ORDER NO. : 732294

CUSTOMER NO: 4724082

CUSTOMER: Brenda Davis, Secretary Winn-dixie Stores Inc. 5050 Edgewood Court _

Jacksonville, FL 32254

CHANGE OF AGENT

NAME: ASTOR PRODUCTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar / emh

06-16-00

12:5 MY 51 NUL 00 RECEIVED

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,
the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida. 1. The name of the corporation is: ASTOR PRODUCTS, INC.
1. The hame of the experiment is:
2. The mailing address of the corporation is: 5050 EDGEWOOD COURT
JACKSONVILLE, FL 32254
3. Date of incorporation/qualification: 12/13/1958 Document number: 218174
4. The name and address of the current registered agent and office:
E. ELLIS ZAHRA, JR.
5050 EDGEWOOD COURT
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
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.
South the Sugar 6/14
(Signature of an officer, chairman or vice chairman of the board) (Date)
JUDITH W. DIXON, SECRETARY
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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.
BRIAN COURTNEY, ASST. V.P. 6/15/2000
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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