(Red	questor's Name)			
(Add	dress)	·		
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(City	y/State/Zip/Phone	e #)		
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Cf 6/23/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 745210 85691A				
AUTHORIZATION: Souls de man				
COST LIMIT : \$(35.00				
ORDER DATE : June 15, 2022				
ORDER TIME : 2:09 PM				
ORDER NO. : 745210-066				
CUSTOMER NO: 85691A				
CHANGE OF AGENT				
NAME: JIM PATTISON U.S.A. INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				
EXAMINER:				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation or	ganized under the laws of the State of FLORIC gistered agent, or both, in the State of Florida.	DA
1. The name of t	he corporation: JIM PATTISON U.S.	A. INC.	
	office address:st Cordova Street Vancouver, British	n Columbia V6C 1C7 CA	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/25/1962	Document number: 264000	
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	C T CORPORATION SYSTEM		
	1200 S. PINE ISLAND ROAD		
	PLANTATION	FL 33324	2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Corporation Service Company 1201 Hays Street			
	Tallahassee	FL 32301	Q.
_		reet address of the business office of its register pted by its board of directors or by an officer is notified in writing of the change.	
\vee .	0 0 -	Jill Cilmi, Vice President	
	e of an officer or direction	Printed or typed name and title	
I further agree to of my duties, and document is being corporation has	d I am familiar with and accept the	statutes relative to the proper and complete p obligation of my position as registered agent, n the registered office address, I hereby confi	. Or, if this
By: X)M	re Cokuble	06/21/2022	
Sign If signing on bel	nature of Registered Agent and an entity:	Date	
Grace E Kirby	Asst. Vice President		
	ped or Printed Name		

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

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