

<u>-</u> 072100000032 ACCOUNT NO.

REFERENCE

: 732294

4724082

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: June 15, 2000

ORDER TIME: 2:39 PM

ORDER NO. : 732294

300003293063--5

CUSTOMER NO: 4724082

CUSTOMER: Brenda Davis, Secretary Winn-dixie Stores Inc

5050 Edgewood Court =

Jacksonville, FL 32254

CHANGE OF AGENT

NAME:

SAVE RITE GROCERY WAREHOUSE,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar / jemh

DEPARIMENT OF STATE BIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

CORONIE BM 3:51

RECEIVED

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

the undersigned submits the foll the State of Flo	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor d corporation organized under the laws of the State of _FLORIDA lowing statement in order to change its registered office or registered ager orida. f the corporation is:SAVE_RITE_GROCERY_WAREHOUSE, INC.	
	g address of the corporation is: 5050 EDGEWOOD COURT	
	orporation/qualification: 02/15/1967 Document number: 31389	00
	and address of the current registered agent and office:	<u> </u>
	E. ELLIS ZAHRA, JR.	E T
	5050 EDGEWOOD COURT	
	JACKSONVILLE, FL 32254	
5. The name a	and address of the new registered agent and office: (P. O. Box Not Acceptable	e) Figure 8 C
	Corporation Service Company	
	1201 Hays Street	7
	Tallahassee, Florida 32301	
accent oc chang	dress of its registered office and the street address of the business office of	
Such change v	was authorized by resolution duly adopted by its board of directors or by a	an officer so
authorized by	the board.	liu
(Signate	ture of an officer, chairman or vice chairman of the board) (Date)	1 1
JUDITH W. DI	IXON, SECRETARY	
corporation, I	(Printed or typed name and title) named as registered agent and to accept service of process for the above state I hereby accept the appointment as registered agent and agree to act in this can be to comply with the provisions of all statutes relative to the proper and comply of my duties, and I am familiar with and accept the obligation of my position ent.	olete
By:	(Signature of Registered Agent) (Signature of Registered Agent) (Date)	2000
If signing on beha	nalf of an entity:	
/	(Typed or Printed Name) (Capacity)	
	(Typed of Finited Name)	
	* * * FILING FEE: \$35.00 * * *	