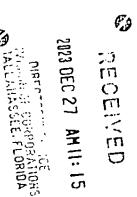


Will		
(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #;)
PICK-UP	WAIT	MAIL MAIL
	isiness Entity Name)	
(Do	cument Number) Certificates	of Status
Special Instructions to Filia	ng Officer:	

Office Use Only



300420632603



CORPORATION SERVICE COMPANY 1201 Hays Street

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

: :

ACCOUNT NO. : 12000000195				
REFERENCE : 193679 8434210				
AUTHORIZATION :				
COST LIMIT : \$\(\frac{35.00}{35.00}\)				
ORDER DATE : December 13, 2023				
ORDER DATE: December 13, 2023				
ORDER TIME: 8:55 AM				
ORDER NO. : 193679-172				
CUSTOMER NO: 8434210				
CHANGE OF AGENT				
NAME: SNYDER'S-LANCE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				

EXAMINER'S INITIALS:

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

statement of cha	unge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu In organized under the laws of the State of <u>NC</u> Ir registered agent, or both, in the State of Floric	
1. The name of	the corporation: SNYDER'S-LANG	CE, INC.	
	office address: One Campbell Pla		
4. Date of incor	poration/qualification: 05/02/193	Document number: 804901	
5. The name and		stered agent and registered office on file with the	e
	C T CORPORATION SYSTEM	1	
	1200 SOUTH PINE ISLAND R	OAD	المام المار المار
	PLANTATION, FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): Corporation Service Company			:: T: 3:
	1201 Hays Street		3: 05
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	istered agent,
Such change was authorized by the	as authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an offic been notified in writing of the change.	er so
X	ie E. Comi	JILL CILMI, VICE PRESIDENT	
I hereby accept I further agree of my duties, an document is her corporation	the appointment as registered as to comply with the provisions of the comply with the provisions of the lam familiar with and accepting filed merely to reflect a changs been notified in writing of this on Service Company	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby co- change.	e performanc ent. Or, if thi nfirm that the
	vace Cokubly	12/26/2023	
□ j.	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	SY, ASST. VICE PRESIDENT	_	
1	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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