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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

Email Address:

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE GERBER PRODUCTS COMPANY

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OCT - 8 2021

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Ву:

From: Ranae McGraw

STATEMENT OF CHANGE OF REGISTERED $\Theta FFICE$ OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Stante tion organized under the laws of the State of MI e or registered agent, or both, in the State of Florida		_
I. The name of the corporation: GERBER PRO			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 11/24/1	945 Document number: 806015		
	egistered agent and registered office on file with the		
CORPORATION SERVICE C	OMPANY		
1201 HAYS STREET			
TALLAHASSEE, FL 32301		SECÍ ALL/	2021
6. The name and street address of the new regi	istered agent (if changed) and /or registered office	KETARY	2021 OCT -7 AM 10:
C T Corporation System		고	>
1200 South Pine Island Road		STAT	<u>ö</u>
Plantation, Florida 33324	P.O. Box NOT acceptable	DE A	12
The street address of its registered office and as changed will be identical.	the street address of the business office of its regi	stered ag	gent,
Such change was authorized by resolution de	aly adopted by its board of directors or by an office as been notified in writing of the change.	er so	
June Helm	Jeanne Nelson, Vice President		
Signature of an officer or director	Printed or typed name and title		
I hereby accept the appointment as registere I further agree to comply with the provisions of my duties, and I am familiar with and accordant is being filed merely to reflect a cleorporation has been notified in writing of the CT Corporation System	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete ept the obligation of my position as registered age, hange in the registered office address, I hereby cor his change. 09/20/2021	perform nt. Or, i nfirm tha	iance I this it the
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
Terrie Bates, Assistant Secretary			
Typed or Printed Name			
•	ILING FEE: \$35.00 * * *		

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