→ 185061763**80** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:		

## REGISTERED AGENT CHANGE CARGILL, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

1. The name of	the corporation is: Cargill, Incor	porated	
2. The principa	l office address: 15407 McGinty	Rd W	
Wayzata M	N 55391		****************
3. The mailing	address (if different): 15407 Mc	Ginty Rd W	
Wayzata M			
4. Date of inco	rporation/qualification: 7/5	5/1960 Document Number:	814544
	id street address of the current repartment of State:	gistered agent and registered office on file	with the
	CT CORPORATION SYSTEM		<del></del>
	1200 S. PINE ISLAND ROAD	<u> </u>	
6. The name an (if changed):		tered agent (if changed) and /or registered	office
( •	United Agent Group Inc.		
	801 US Highway 1		
	(P.O. Box Not North Palm Beach FL 33408	t acceptable)	
		the street address of the business office	of its registered
Such change vauthorized by t	vas authorized by resolution du he board, or the corporation has t A = Y	ly adopted by its board of directors or been notified in writing of the change.	by an officer sc
(Sign:	nture of an officer or director)	By: Ashley Goldsmith, Attorney (Printed or Typed name, and	r-in-Fact
~		gent and agree to act in this capacity.	
I further agree performance of agent. Or, if to hereby confirm	e to comply with the provision fmy duties, and I am familiar with his document is being filed mere that the corporation has been no	s of all statutes relative to the proper th and accept the obligation of my position by to reflect a change in the registered of oiffied in writing of this change.  12/20/21	and complete in as reastered
_	ature of Registered Agent)	(Date)	- un
If signing on be	ehalf of an entity:		. α.
	oldsmith, Special Secretary	5 7	
(1)	ocd or Printed Name)		
		BLE TO FLORIDA DEPARTMENT OF STATE ATIONS, P.O. BOX 6327, TALLAHASSEE,	
801 US Highv	each FL 33408		

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