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To: From:	Division of Corporations Fax Number : (850)61		ALL AND	
	Account Name : REGISTE Account Number : 1201000 Phone : (888)70 Fax Number : (888)70	35-7274		
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	COVER LETTER
TO: Amendment Section Division of Corporations	
SUBJECT: GOLDEN F	AKE SNACK FOODS, INC.
837	Name of Corporation 470
DOCOMBATINGSTOLIK	
	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
MARGO	TMULLIN
	Name of Contact Person
Registe	red Agent Solutions, Inc.
1704 D	Firm/Company
1701 DI	Address
Austin	TX 78744
	City/State and Zip Code
notices(	prasi.com
	ss: (to be used for future annual report notification)
For further information concernin	
MARGOT MULLI	Area Code & Daytime Telephone Number
Name of Contact F	erson Area Code & Daytine Telephone Rumoer
Enclosed is a \$35.00 check made	payable to the Department of State.
Mailing	Address: <u>Street Address:</u> ient Section Amendment Section
Division	of Corporations Division of Corporations
	Tallahassee, FL 32301
CR2E045 (03/12)	
Division P.O. Boy Tallahas	of CorporationsDivision of Corporations6327Clifton Buildingsee, FL 323142661 Executive Center Circle

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

1. The name of the corporation: GOLDEN FLAKE SNACK FOODS, INC.

2. The principal office address: UT2	QUALITY FO	ODS, LLC	900 HIGH STREET	
HANOVER	PA	17331		
3. The mailing address (if different):	******			
4. Date of incorporation/qualification	12/01/1976	Document number: 8	37470	
[] 5. The name and street address of the	eurrent registered	avent and revistered office of	file with the	

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	CT CORPOR	TION SYSTEM	20	24 11	
	1200 S. PINE I PLANTATION,		F ME TE	ISEP 13	FIL
he name and ['changed):	l street address of t	he new registered agent (if changed) and /or registered	i ollice	AM 18:	D
	Registered A	gent Solutions, Inc.		10	
	155 Office Pl	aza Dr., Suite A			
	Tallahassee,	PO Box NOF acceptable FL 32301			

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ TODD STAUB		TODD STAUB	VICE PRESIDENT
Signature of an officer or director	or Printed or typed name and title		
I hereby accept the appointment as I further agree to comply with the performance of my duties, and I an agent. Or, if this document is bein hereby confirm that the corporatio	provisions of all s I familiar with an & filed merely to i	accept the obligation of my accept the obligation of my reflect a change in the register	nu complete nosition as registered
In		09/12/2017	
Signation of Registered Agen It signing on behalf of an entity:		Date	
Justine Karnell - Assistan	t Secretary		
Typed or Printed Name			
MAKE CHE6 Mail to: Division o Cr2E045 (03/12)	  KS PAYABLE TO	FEE: \$35.00 * * * ?lorida Department of St7 . P.O. Box 6327. Tallahassi	NTE 18, FL 32314