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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone

: (850)558-1515 Fax Number

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

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REGISTERED AGENT CHANGE AMGRO, INC.

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Roberts SEP 1 4 2010

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

_	=	02, 607.1508, or 617.1508, Florida Statutes, thi nized under the laws of the State of Massachu:	
		tered agent, or both, in the State of Florida.	
1. The name of t	the corporation: AMGRO, INC.		
	office address: 100 North Parkway, V	Worcester, MA 01605	
3. The mailing a	address (if different): 427 West 12th St	reet, Suite 100, Kansas City, MO 64105	
4. Date of incorp	poration/qualification: 05/10/1977	Document number: 838391	
	I street address of the current registered a trnent of State:	agent and registered office on file with the	
	CT Corporation System	•	
	1200 S. Pine Island Road	TAL	
	Plantation, FL 33324	AH	Comments
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and /or registered office	3 F
	Corporation Service Company		9: 5
	1201 Hays Street	8.5	Ō
	(P.O. Box NOT acceptable) P	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered	l agent,
Such change wa	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.	
Dea	nea Monta	Blanca Lozada, Attorney In Fact	
hereby accept of further agree to find my duties, and locument is being corporation has	the appointment as registered agent an occupily with the provisions of all stated to am fumiliar with and accept the obling filed merely to reflect a change in the bean notified in writing of this change on Service Company	(Printed or typed name and title) and agree to act in this capacity, tutes relative to the proper and complete performance ligation of my position as registered agent. O the registered office address, I hereby confirm to	rmance r, if this that the
By: S	Cusa	09/10/2010	
Sig	manure of Registered Agent)	(Dato)	
	half of an entity:		
Sylvia Queppe	yped or Printed Name)		•
(*)	* * * FILING FE	₹F• \$35 AB * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)