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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

MCLANE COMPANY, INC.

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

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Corporate Filing Menu

SEP Help 2009

EXAMINER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid statement of change is submitted for a corporation organized under the laws of the State of the St	f Texas
in order to change its registered office or registered agent, or both, in the State of McLane Company, Inc.	y Fioriaa.
1. The name of the corporation: McLane Company, Inc. 2. The principal office address: 4747 MCLANE PARKWAY TEMPLE TX 76504	
3. The mailing address (if different): PO BOX 6115 ATTN TAX DEPT. TEMPLE TX 76	503-6115
4. Date of incorporation/qualification: 02/25/1981 Document number:	848356
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
CORPORATION SERVICE COMPANY	•
1201 HAYS STREET	09
TALLAHASSEE FL 32301 US	EP-
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	office
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	·.
P.O. Box, NOT sucepuble	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office ous changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Muria Ozaeta, Vice	President
Signature of an attical of disciple. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relative to the proper and of my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address. The corporation has been notified in writing of this change.	id title complete performance ered agent. Or, if this reby confirm that the
By: 8/31/09	
Signature of Registeled Agent Date	
If signing on behalf of an entity:	
Samantha Jones, Assistant Secretary	
Typed or Printed Nume	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PL006 - 67/23/2009 C T Ryston Online

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