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(Requestor's Name)		_
(Address)		_
(Address)		
(City/State/Zip/Phone #)		_
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		_
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Special Instructions to Filing Officer:		
Office Use Only		



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2020 JUL -2 AH T: 01 SECRETARY OF STATE STALLAHASSEE, FL

D BRUCE AUG 19 2020



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: June 26, 2020

Order#: 329942-264

Re: STROEHMANN LINE-HAUL, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 ...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

STROEHMANN	LINE-HAUL, L.P.	,				
Na	me of Limited Partn	ership or Limited Liability Limited Partne	rship			
04/02/2010		3. B10000000061				
Date of filing	2/registration in Flori					
4. The name of the re Department of State:	gistered agent and th	ne registered office address as shown on th	e records of the Florida			
	CAPITIOL CORPO	PRATE SERVICES, INC.				
		Name	_			
	515 EAST PARK	AVENUE 2ND FL				
		Address	_			
	TALLAHASSEE,	FL 32301	207 Si			
		City, State and Zip	SECKE!			
5. The name and Flo	 rida street address of	the new registered agent and/or office:	EARLY LAND			
	Corporation Servi	ice Company	, , , , , , , , , , , , , , , , , , ,			
		Name				
	1201 Hays Street	t I	SEE, FL			
	Florida stree	et address (P.O. Box not acceptable)	- rā			
	Tallahassee	FL 32301				
		City, State and Zip	_			
6. Such change(s) is/	 are effective when fi	led by the Florida Department of State.				
Que P Comi	 Jill Cilmi, Vice P	 President on Behalf of Bimbo Bakeries Inc	. its General Partner			
Signature of General	Partner					
comply with the provi and I am familiar wit	isions of all statutes in the an accept the oblig	ered agent and agree to act in this capacity relative to the proper and complete perfor rations of my position as registered agent.				
Drace C						
Signature of Register Grace E. Kirby, A		of the Corporation Service Company				
Filing Fee:	\$35.0	00				
Certified Copy (l l					
- • •	ĺ					

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

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STROEHMANN LIN	VE-HÅ	VUL, L.P.	-					
Name	e of Li	mited Partne	rship or l	Limited	Liability	Limited	Partnersh	nip
2 04/02/2010					3 B1	0000000	0061	
Date of filing/re	egistra	tion in Florid	la	_	<u> </u>			ent number
4. The name of the region Department of State:	stered	agent and the	register	red office	address	as showt	n on the r	records of the Florida
C	CAPIT	OL CORPO	RATE S	SERVIC	ES, INC			
_	T i		1	Name				
5	15 E	ST PARK	VENU	E 2ND F	:L			
_		•	A	ddress				.0
Т	TALLA	HASSEE, F	L 3230	1				₩ 0338
_			City, S	tate and	Zip			一一
5. The name and Florid	a stree	t address of t	 the new r	registered	d agent a	nd/or offi	ice:	AA
C	 Corpor	ation Servic	e Comp	pany				7. S. C.
_			1	Name				m T
1	 201	lays Street						-T)
_	i	Florida street	address	(P.O. Bo	ox not ac	ceptable)	·	ſ
т	[allaha	ssee			E	L_32301	I	
_		-:-	City, S	tate and		L		
6. Such change(s) is/are	e effect	 tive when file 	ed by the	: Florida	Departm	ent of St	ate.	
Jie E. Clemi	Jill C	ilmi, Vice Pr	esident d	on Behal	f of Biml	bo Bakeri	ies Inc. it	ts General Partner
Signature of General Pa	rtner							
I hereby accept the applications of the comply with the provision and I am familiar with a second se	ons of a	all statutes re ept the obliga	elative to	the prop	per and c	omplete j	performa	
Signature of Registered			 	_				
Grace E. Kirby, Ass			ithe Con	poration	Service (Company		
Filing Fee: Certified Copy (on	tiona	\$35.00 \$35.00	1					