F00000000371

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
() -		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	e)
·	·	•
(Do	cument Number)	•
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



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09/28/09--01023--014 **35.00



C.CODLLIETTE SEP 292009

EXAMINE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	ENTENMANN'S SALE	S COM Corporati	IPANY, INC.
DOCUMENT NU	JMBER: F00000000371		
The enclosed State	ement of Change of Registered Of	fice/Agent	and fee are submitted for filing.
Please return all co	orrespondence concerning this mat	ter to the f	following:
	Myr.	a Homer	
	(Name of C	Contact Per	rson)
	Capitol Corpo	rate Servi	ces, Inc.
	(Firm/	Company)	
	800 Braz	os, Suite 4	400
-	(A	ddress)	
-	Austin, T (City/State	<u>exas 787</u>	701
	•	-	ode)
For further inform	ation concerning this matter, pleas	e call:	
(N	Myra Homer	at (800) 345-4647 Area Code & Daytime Telephone Numbe
·	00 check made payable to the Dep		·
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0 nge is submitted for a corp r to change its registered o	oration organized under	the laws of the State of	of DELAWARE	
1. The name of t	he corporation:	ENTENMANN'S	SALES COMP	ANY, INC.	
2. The principal	office address: 255 Busines	ss Center Drive			
Horsham, PA	19044				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 1/2	1/2000 Docu	ıment number: F0000	00000371	
	I street address of the curre tment of State:	nt registered agent and re	egistered office on file	with the	
	C T Corporation System				
	1200 South Pine Island Ro	oad			
	Plantation, FL 33324			——————————————————————————————————————	
6. The name and (if changed):	street address of the new of the		ged) and /or registered	B9 SEP 28	
					Į
	155 Office Plaza Drive	x NOT acceptable)			
	Tallahassee	Florida	32301	6 6	
The street addre	ess of its registered office be identical.	and the street address of	f the business office o	of its registered agent,	,
Such change wa authorized by the	as authorized by resolution ne board, or the corporation	n duly adopted by its bo on has been notified in w	ard of directors or by writing of the change.	an officer so	
	ire of an officer or director)		Assistant Secretary		
I hereby accept I further agree a of my duties, an document is bei corporation has	the appointment as regist to comply with the provisi ad I am familiar with and a ng filed merely to reflect (s been notified in writing (ered agent and agree to ons of all statutes relati accept the obligation of a change in the registere of this change.	o act in ints capacity, we to the proper and to my position as regist ed office address, I had	complete performanc ered agent. Or, if thi ereby confirm that the	e s e
Dua	nie Case		8-2 8 -0	>9	
(Si ₁	gnature of Registered Agent)		(Date)		
If signing on be	chalf of an entity:				
Delanie Case, Ass	t. Secretary on Behalf of Capito	Corporate Services, Inc.			

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

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)