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COVER LETTER

Division of Corporations
SUBJECT: Food Giant Supermarkets, Inc. Name of Corporation
DOCUMENT NUMBER: F0000001892
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEUR MALONE Name of Contact Person
FOOD GIANT SUPERMARKETS, INC. Firm/Company
120 INDUSTRIAL DRIVE Address
Address
SIKESTON, MO 63801 City/State and Zip Code
Steve Malone @ Foodglant. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Malone Name of Contact Person at (573) 471-3500 Ext 210 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

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	unge is submitted for a co	rporation organize	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Missouri	
1. The name of	the corporation: Food	Giant Superr	markets, Inc.		
	office address: 120 INE N MO 63801		IVE		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:	4-5-2000	Document number:	F0000001892	_
	d street address of the currentment of State: (If resigned		nt and registered office on	file with the	
	C T CORPORATIO	N SYSTEM			
	1200 SOUTH PINE	ISLAND ROA	VD		
	PLANTATION FL 3	3324		2010	œ5i
6. The name and (if changed):	d street address of the new	registered agent ((if changed) and /or registe	SECRETARY SECRETARY red office	iden mana
	Incorp Services, Inc	C		*1	N.;
	17888 67th Court N	lorth	cceptable	8: <u></u>	das.
	Loxahatchee, FL 33		ссернавіе	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
The street addre	ess of its registered office be identical.	e and the street ad	ldress of the business offic	ce of its registered agent,	
			by its board of directors or fied in writing of the chan		
Signatu	an officer or director		Keun LADD Se	CRETARY + TREASURER	-
		stered agent and sions of all statute laccept the oblige ta change in the foot of this change.	agree to act in this capact es relative to the proper a ution of my position as reg registered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the	
And Sig	hie for how So	<u>ervices,</u> Inc.	March 5	, 2010	
If signing on be	half of an entity:				
	kie for Incorp Service	es, Inc.			
T	yped or Printed Name				

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