F01000004611

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100252242041

10/25/13--01022--007 **35.00

13 OCT 25 PM 2: 32 SECRETARY OF STATE FALL AHASSEE, FLORIDA

ARPROVED AND FILED

C. LEWIS

OCT 3 0 2013

EXAMINER



ČSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Deemer adeemer@cscinfo.com

Date: October 23, 2013

Order#: 856531-001

Re: SEMCO DISTRIBUTING, INC.

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: Amanda Deemer

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Sion organized under the laws of the State of N registered agent, or both, in the State of Fl	lissouri
1. The name of t	the corporation: SEMCO DISTRI	BUTING, INC.	
		ustrial Drive, Perryville, MO 63775	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/30/200	Document number: F0100000)4611
	I street address of the current regitment of State: (If resigned, enter	stered agent and registered office on file with resigned)	h the
	C T Corporation System		
	1200 South Pine Island Road		TALS:
	Plantation	FL 33324	FII 13 OCT 25 SECRETARY ALLAHASS
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered office	FILED OCT 25 PM 2: 32 CRETARY OF STATE LAHASSEELFLORID 8
	Corporation Service Company		2: 32 STALE LORIB
	1201 Hays Street		P
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly are board, or the corporation has b	adopted by its board of directors or by an obseen notified in writing of the change.	fficer so
0260	2_	Dona Priebe, Vice President	10/23/2013
Signatu	re of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or, if thi hereby confirm	a camply with the provisions of	gent and agree to act in this capacity. all statutes relative to the proper and comp h and accept the obligation of my position is to reflect a change in the registered office otified in writing of this change.	lete as registered address, I
By: Sym a	nature of Registered Agent	10/23/2013	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Sylvia Queppet	, Assistant Vice President		
Ty	ped or Printed Name	-	

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