F01000005831

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



700290092667

09/21/16--01015--006 **35.00

SEP 2.6 2015 C. CAFROTHERS

PLANS JE ANNIE JEST STATE OF S



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: September 19, 2016

Order#: 285401-018

Re: SAMUEL, SON & CO. 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: Janis M. Smith 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	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	nized under the la	ws of the State of New Je	ersey			
	the corporation: SAMUEL, SON & CO.,		, e.a e.g e.s				
2. The principal	400 Mart 04 Otal at 18a						
3. The mailing a	ddress (if different): 4334 Walden Aven	ue, Lancaster, N	NY 14086				
4. Date of incorp	poration/qualification: 11/08/2001	Document	number: F01000005831		<u>بر</u>		
	I street address of the current registered a tment of State: (If resigned, enter resigned		red office on file with the		III SEP		
	C T CORPORATION SYSTEM			83.	2		
	1200 SOUTH PINE ISLAND ROAD			TI CA	A		
	PLANTATION	FL	33324		7: 0 ş		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Corporation Service Company						
	1201 Hays Street						
	P.O. Box NOT acceptable						
	Tallahassee	FL	32301				
The street addre	ess of its registered office and the street a be identical.	address of the bu	usiness office of its registe	ered ager	ıt,		
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of o	directors or by an officer s of the change.	50			
Xee	E. almi	Jill Cilmi, Vice	President				
Signatu	e of an officer or director	Print	ed or typed name and title				
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and act of a comment is being filed merely to reflect that the corporation has been notified in Service Company	ites relative to th eccept the obligat ect a change in th	ne proper and complete tion of my position as regi he registered office addre	istered ss, I			
By: Dro	rea Cokubile	09/19/2016					
Sign	nature of Registered Agent		Date				
If signing on bel	half of an entity:						
Grace E. Kirby,	Asst. Vice President						
Ty	ped or Printed Name						

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