

# F05000007502

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
WENNER BREAD PRODUCTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*FA Change*

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09-18-12

*D*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WENNER BREAD PRODUCTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Israel Nisenbaum  
Name of Contact Person  
Wenner Bread Products, Inc  
Firm/Company  
33 Rajon Rd  
Address  
Bayport, NY 11705  
City/State and Zip Code  
israeln@wennerbread.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Israel Nisenbaum at (800) 869-6262 Ext 288  
Name of Contact Person 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

CR18043 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WENNER BREAD PRODUCTS, INC.
2. The principal office address: 33 Rajon Rd  
Bayport, NY 11705
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/27/2005 Document number: FO5000007502
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARY JANE WENNER  
16223 EDGE MONT DR  
PORT MYERS FL 33908 US

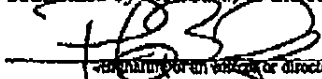
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System  
c/o CT Corporation System, 1200 South Pine Island Road Plantation,  
P.O. Box NOT acceptable  
Florida 33324

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CORPORATION DIVISION  
TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
-Signature of an officer or director

PAUL J. BEVILACQUA  
\_\_\_\_\_  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System  
By:   
\_\_\_\_\_  
Signature of Registered Agent

09/17/2012  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Sandra O'Boyle  
Assistant Secretary  
\_\_\_\_\_  
Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2B045 (03/12)