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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.****

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE WENNER BREAD PRODUCTS, INC.

Certificate of Status	0
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09-18-12

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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: PO5000007502
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

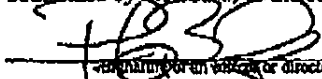
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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 STATE
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.

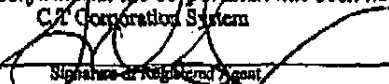


-Signature of an officer or director

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)

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