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From:

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Account Number : I20160000086 Phone : (561)508-5033

Fax Number : (561)694-1639

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REGISTERED AGENT CHANGE CARGILL SC TRADING, INC.

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H C

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\begin{tabular}{c} \end{tabular}$

,	·	17.0502, 607.1508, or 617.1508, Florida Statutes,		
•		organized under the laws of the State of DELAW, registered agent, or both, in the State of Florida.		
	he corporation: CARGUL SC TRA	·		_
2. The principal	office address: 2525 Ponce de Leon	Blvd, Coral Gables, FL 33324		_
3. The mailing a	ddress (if different): 15407 MCGP	VTY RD W MS149, Wayzata, MN 55391		_
4. Date of incorp	poration/qualification: 12/27/2007	Document number: P07000006320		_
5. The name and		tered agent and registered office on file with the		
	C T CORPORATION SYSTEM		₹1	~7
	1200 SOUTH PINE ISLAND ROAD		SE UN	<u>1021</u> O
	PLANTATION, FL 33324		AHAS	0EC 2
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		20 AH	
	UNITED AGENT GROUP INC.		STATE	<u> က</u>
	801 US HIGHWAY 1		28	
	P.O. Box NOT acceptable NORTH PALM BEACH, FL 33408			
The street addre	ess of its registered office and the be identical.	street address of the business office of its registe	red agent	,
Such change we authorized by H	s authorized by resolution duly a te board or the corporation has b	dopted by its board of directors or by an officer seen notified in writing of the change.	ia	
d		Adia Myles, Attorney-in-fact		
	e of an officer or director	Printed or typed parne and title		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age o comply with the provisions of a different miliar with and accept the filed pierely to reflect a change been notified in writing of this complete to the complete of the co	ent and agree to act in this capacity. ill statutes relative to the proper and complete pe he obligation of my position as registered agent. e in the registered office address, I hereby confir hange.	erformanc Or, if thi m that the	e \$?
(4	XX	12/20/2021		
Sig	natilité of Registered Agent	Date		
If signing on be	half of an entity:			
Adia Myles, Sp	cial Secretary			
T	ped or 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
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