F10000000134

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SOLLING LONGING STATES

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C.COULLIETTE
FEB 2 2 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 680538

7376941

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: February 22, 2011

ORDER TIME : 9:44 AM

ORDER NO. : 680538-022

CUSTOMER NO: 7376941

CHANGE OF AGENT

NAME: GOLDEN STATE FOODS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

$\tilde{\text{STA}}$ TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: GOLDEN STATE FOODS CORP.
	office address:
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 01/08/2010 Document number: F10000000134
	street address of the current registered agent and registered office on file with the tment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Mari	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. on Scrvice Company
. •	nature of Registered Agent) (Date)
•	half of an entity: y, Asst. Vice President
	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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