## F11000004829

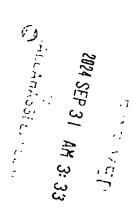
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





400435147084

2024 SEP 30 PH 12: 31



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 660839 7847048				
AUTHORIZATION :				
AUTHORIZATION : COST LIMIT : \$ 35.00				
ORDER DATE: September 27, 2024				
ORDER TIME : 1:27 PM				
ORDER NO. : 660839-004				
CUSTOMER NO: 7847048				
CHANGE OF AGENT				
NAME: PROCOT COOPERATIVE				
NAME. PROCOT COOPERATIVE				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt				

EXAMINER'S INITIALS:

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

statement of char	provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized r to change its registered office or registered o	under the laws of the State of $\overline{\Gamma}$	N	
	he corporation: PROCOT COOPERATIVE C			
2. The principal	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorp	prporation/qualification: 11/16/2011 Document number: F11000004829			
	street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file with	the	
	REGISTERED AGENT SOLUTIONS, INC.		202	
	894 REMINGTON GREEN LANE SUITE A		2024 SEP 30	
	TALLAHASSEE	FL 32308	P 30	
6. The name and (if changed):	street address of the new registered agent (if  Corporation Service Company	changed) and /or registered office	) PH 12: 31	
	Corporation Service Company		)A	
	1201 Hays Street			
	P.O Box NOT Tallahassee	acceptable FL 32301		
_	ss of its registered office and the street addr be identical.	ess of the business office of its r		
Such change wa authorized by th	is authorized by resolution duly adopted by it board, or the corporation has been notified	ts board of directors or by an of hin writing of the change.	ficer so	
/S/ Paul Isaacs		Paul Isaacs, President		
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and aging comply with the provisions of all statutes to a familiar with and accept the obligations filed merely to reflect a change in the region of this change.  Service Company	Printed of typed name and title ree to act in this capacity, relative to the proper and compl on of my position as registered of istered office address, I hereby	lete performance igent. Or, if this confirm that the	
By: Drace	00/10/00/4			
If signing on be	half of an entity:			
<u>_</u>	Asst. Vice President sped or Printed Name  * * * FILING FEE: S	35.00 + + +		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)