## F12000001028

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
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TION SERVICE COMPANY	ACCOUNT NO.	:	12000000	00195	
	REFERENCE	:	436030	7223591	
	AUTHORIZATION	:		Spullede man	,
	COST LIMIT	:	\$ 35	N. C. W. C.	
ORDER DATE :	November 28, 201	2			
ORDER TIME :	1:26 PM				
ORDER NO. :	436030-015				
CUSTOMER NO:	7223591				
	CHANGE OF A	GEN'	<u>r</u>		
NAME:	AGRAQUEST, IN	c.			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF F	LING:	
	IED COPY STAMPED COPY				

EXAMINER'S INITIALS:

CONTACT PERSON: Harry B. Davis

## ', - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	rovisions of sections 607.0502, 617.0502, 607.1				
statement of change is submitted for a corporation organized under the laws of the State of Delaware					
in order	to change its registered office or registered age	nt, or both, in the State of I	Florida.		
1. The name of the	ne corporation: AGRAQUEST, INC.				
2. The principal o	office address: 2 T.W. Alexander Drive				
Research T	riangle Park, NC 27709				
3. The mailing add	Idress (if different): P. O. Box 12014	<del>-</del>			
	Triangle Park, NC 27709				
4. Date of incorpo	oration/qualification: 03/07/2012 D	ocument number: F12000	0001028		
5. The name and s	street address of the current registered agent and ment of State: (If resigned, enter resigned)	d registered office on file w	ith the		
_	VCORP SERVICES, LLC				
Ę	5001 SOUTH STATE RD 7, SUITE 106	6	wy.		
]	DAVIE FL 33314 US		\$60# \$60#		
6. The name and s (if changed):	street address of the new registered agent (if cha	anged) and /or registered of	85 × 00		
(	Corporation Service Company				
	1201 Hays Street		S S		
-	P.O. Box NOT acceptable Tallahassee, FL 32301	;	<b>&gt;</b>		
The street addres as changed will b	ss of its registered office and the street address be identical.	of the business office of it	s registered agent,		
	s authorized by resolution duly adopted by its be board, or the corporation has been notified in	poard of directors or by an writing of the change.	officer so		
Stenature		Printed or typed name and tit			
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the Corporation By:	the appointment as registered agent and agree to comply with the provisions of all statutes relainly duties, and I am familiar with and accept the statute of Registered Waems at the corporation has been notified in writing a Service Company	ar to act in this capacity, ative to the proper and con the obligation of my position	nd General Counsel uplete uas registered		
If signing on beha	half of an entity: Harry B. Davis Asst. Vice President				
Тур	ped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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