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(((H23000249000 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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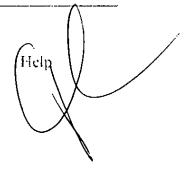
## REGISTERED AGENT CHANGE HORIZON FOOD EQUIPMENT, INC.

Certificate of Status	0
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1623 July 17 P.

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To:

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

12122023573

statement of ch	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of New York istered agent, or both, in the State of Florida
1. The name of	the corporation: Horizon Food Equipme	ent. Inc
2. The principal	Loffice address: 412 WARREN STREET	SCHENECTADY, NY 12305
3. The mailing a	address (if different):	
4. Dateofincorp	poration/qualification; 10/09/2013	Document number: F13000004404
	d street address of the current registered rtment of State: (If resigned, enterresig	d agent and registered office on file with the need)
	Corporation Service Company	2
	1201 Hays Street	37
	Tallahassee, Fl 32301	
6. The name and (ifchanged):	d street address of the new registered a	gent (if changed) and /or registered office
	C T Corporation System	
	1200 South Pine Island Road	<u> </u>
	Plantation, Florida 33324	Box NO Facceptable
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registered agent.
Such change wa authorized by tl	as authorized by resolution duly adopt he board, or the corporation has been a	ted by its board of directors or by an officer so notified in writing of the change.
	Ju Chis	JOE DAVIS, SECRETARY
Signata	re of an officer or director	Printed or typed name and title
I further agrée of my duties, an document is bei corporation ha	the appointment as registered agent of to comply with the provisions of all st ad I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered affice address, I hereby confirm that the ye.
C T Corporation	nature of Registered Agent	07/12/2023
Sig	nature of Registered Agent	Date
lf'signing on be	chalf of an entity:	
SEAN L. EMER	ICK, ASSISTANT SECRETARY	
··· I	yped or Printed Name	
	* * * FH INC 1	FFF- \$14 AA × * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: