

**F14000001764**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000092186 3))



H150000921863ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing date of submission 4/15

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
SPECIALTY COMMODITIES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR 15 PM 4:01

Electronic Filing Menu

Corporate Filing Menu

Help

*cc 4/16*



April 16, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SPECIALTY COMMODITIES INC  
\*\*FAX FILING\*\*CT CORPORATION SYSTEM\*\*  
FARGO, ND 58102-2858

SUBJECT: SPECIALTY COMMODITIES INC  
REF: F14000001764

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 4/15

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The document is a bad copy. The typed print is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: H15000092186  
Letter Number: 415A00007569

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPECIALTY COMMODITIES INC  
Name of Corporation

**DOCUMENT NUMBER:** F14000001764

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lesli Kauzlarich  
Name of Contact Person

Archer Daniels Midland Company  
Firm/Company

4666 Faries Parkway  
Address

Decatur, IL 62526  
City/State and Zip Code

dana.atkinson@adm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesli Kauzlarich at ( 217 424-5239 )  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SPECIALTY COMMODITIES INC
- 2. The principal office address: 4666 Faries Parkway, Decatur IL, 62526
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 04/21/2014 Document number: F14000001764
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mari Lietner  
500 TRINITY LANE N #3211  
ST. PETERSBURG, FL 33716

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
e/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable.  
Plantation, Florida 33324

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 15 APR 15 PM 4: 01

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
 Signature of an officer or director

Stuart E. Funderburg, VP & Asst Secretary  
 \_\_\_\_\_  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System  
 By: Connie Bryan  
 \_\_\_\_\_  
 Signature of Registered Agent

4/15/2015  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

Connie Bryan  
 \_\_\_\_\_  
 Typed or Printed Name  
Assistant Secretary

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

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

CR2E045 (03/12)