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(Ad	idress)				
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R. WHITE KN 08 2013



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 24, 2019

Order#: 738252-010

Re: AGRISOMA USA INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of char	nge is submitted for a corporatio	617,0502, 607,1308, or 617,1508, Florida S on organized under the laws of the State of _z or registered agent, or both, in the State of F	Delaw	are	_
1. The name of the	he corporation: AGRISOMA US	SA INC.			
2. The principal	office address: 300-200 Rue Mo	ontealm, Gatineau QC J8Y 3B5 Canada			<u> </u>
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification: 09/15/20	15 Document number: F15000	00406	8	
5. The name and Florida Depar	street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file w r resigned)	ith the		
	Christine Bliss				
	603 Fulton Road, #E50				
	Tallahassee, FL 32312		-	2019 ATT	רב אדען
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and for registered of	ffice	126	r ;
	Corporation Service Company		=		i manj Hans
	1201 Hays Street		_	3: 42	4313
P.O. Box, NOT acceptable					
	Tallahassee	FL 32301	-		
The street addre	ess of its registered office and the identical.	ne street address of the business office of i	ts regis	stered a	.gent.
Such change authorized by the	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer	r 20	
-1 $<$	André Levasseur - Executive VP				
Signatu	re of an officer or director	Printed or typed name and ti	tie		
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merei	agent and agree to act in this capacity, if all statutes relative to the proper and con ith and accept the obligation of my position by to reflect a change in the registered offi notified in writing of this change.	n as re	gistere ress, I	d
By: Cl, M Ley 04/24/2019					
	nature of Registered Agent	Date			
~ ~	chalf of an entity:				
Ami M. Casper	, Asst. Vice President				
Т	vped 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 * * *