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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

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

∴Email Address:

REGISTERED AGENT CHANGE HOPCO FOODSERVICE MARKETING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of <u>De</u> registered agent, or both, in the State of Flo	laware	<u></u>	
1 The summer of a	HOPCO FOODSER	RVICE MARKETING, INC.			
2. The principal	1. The name of the corporation: HOPCO FOODSERVICE MARKETING, INC. 2. The principal office address: The CORE Group, Inc. 5201 W Laurel Street Tampa, FL 33607				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 10/15/2015	Document number: F150000045	577		
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the		
	NATIONAL REGISTERED AGEN	NTS, INC.			
	1200 SOUTH PINE ISLAND ROA	,D			
	PLANTATION, FL 33324				
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	e		
	Corporate Creations Network Inc.				
	801 US Highway I			, i	
	f	P.O. Box NOT acceptable			
	North Palm Beach, FL 33408			Q.1.	
The street address changed will	ss of its registered office and the s be identical.	street address of the business office of its r	egistere	d agent,	
Such change was authorized by th	s authorized by resolution duly ad e board, or the corporation has be	dopted by its board of directors or by an of en notified in writing of the change.	ficer so	ş 1:18	
ZIM		Lauren Underwood, Attorney-in-Fact			
I hereby accept I further agree to of my duties, an	o comply with the provisions of al d Lam familiar with and accept th	Printed of typed name and linternt and agree to act in this capacity. Il statutes relative to the proper and complete obligation of my position as registered at in the registered office address, I hereby lange.	went. (r. if this	
ZIM		07/01/2021			
Sign	saure of Registered Agent	Date		- 	
If signing on be	half of an entity:				
Lauren Underwo	od, Special Secretary				
Ty	ped or Printed Name				

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