

F16000003357

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****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
PINE BELT PROCESSING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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2023 DEC 12 PM 10:22



December 11, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PINE BELT PROCESSING, INC.
P.O. BOX 557
TAYLORSVILLE, MS 39168US

SUBJECT: PINE BELT PROCESSING, INC.
REF: F16000003357

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 form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Tammi Cline

FAX Aud. #: H23000422094

Regulatory Specialist II Supervisor

Letter Number: 323A00028220

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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 MISSISSIPPI in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PINE BELT PROCESSING, INC.
2. The principal office address: 113 FELLOWSHIP ROAD
TAYLORSVILLE, MS 39168
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/28/2016 Document number: F16000003357
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)

STALLINGS, JOHN

2501 NEWFOUND HARBOR DRIVE

MERRITT ISLAND, FL 39252

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

Capitol Corporate Services, Inc.

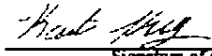
515 East Park Avenue 2nd Fl

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Kaitlyn Kurtz

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.



Signature of Registered Agent

12/11/2023

Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Typed or Printed Name

*** 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 (04/13)

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