## F16000004839

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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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: November 14, 2018

Order#: 479833-196

Re: PAPETTI'S HYGRADE EGG PRODUCTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_\_\_.

Please take the following action:

XX File in your office on a routine basis.

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

2010 HOV I'V FA

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

| statement of cl  | e provisions of sections 607.0502, 617.0<br>hange is submitted for a corporation org<br>ler to change its registered office or regi  | anized under the laws of the State of $\Lambda$   | Minnesota     |
|--|--|---|---------------|
| 1. The name o  | f the corporation: PAPETTI'S HYGRAD  | E EGG PRODUCTS, INC.  |               |
| 2. The principa  | al office address: 301 Carlson Parkway,  | Suite 400, Minnetonka, MN 55305   |               |
| 3. The mailing   | address (if different):  |   |               |
| 4. Date of inco  | orporation/qualification: 10/27/2016   | Document number: F160000  | 04839         |
|  | nd street address of the current registered artment of State: (If resigned, enter resigned)  |   | h the         |
|  | Corporate Creations Network  |   |               |
|  | 11380 Prosperity Farms Road, #221E   |   |               |
|  | Palm Beach Gardens   | FL 33410  | 2018 NOV 1 5  |
| 6. The name a (if changed)   | nd street address of the new registered as: ):  Corporation Service Company  | gent (if changed) and /or registered offi   |               |
|  | 1201 Hays Street   |   |               |
|  | P.O. Box N   | O Facceptable FL 32301  |               |
| as changed w   | dress of its registered office and the stre<br>ill be identical.<br>was authorized by resolution duly adopt<br>the board, or the corporation has been  |   |               |
| authorized by  | the board, or the corporation has been   | notified in writing of the change.  Jill Cilmi, Vice President  |               |
| Sign   | ature of an officer or director  | Printed or typed name and title   |               |
| I fixther agre<br>performance agent. Or, if<br>hereby confir<br>Corporat | pt the appointment as registered agent to comply with the provisions of all st of my duties, and I am familiar with and this document is being filed merely to r m that the corporation has been notified in Service Company | tatutes relative to the proper and comp<br>d accept the obligation of my position<br>eflect a change in the registered office | as registerea |
| By:  | Signature of Registered Agent  | Date  |               |
| If signing on  | behalf of an entity:   |   |               |
| Ami M. Casp  | er, Asst. Vice President   |   |               |
|  | Typed or Printed Name  |   |               |

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