4/22/24, 10:59 AM



## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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024 APR 22 PH 4: 07

## REGISTERED AGENT CHANGE MITCHELL GROCERY CORP.

Certificate of Status	0
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Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute age is submitted for a corporation organized under the laws of the State of $\frac{Alaban}{A}$	na	
	r to change its registered office or registered agent, or both, in the State of Florida  Mitchell Gracery Corp.		
I. The name of t	he corporation: Mitchell Grocery Corp.	<del></del> -	
2. The principal	office address: 550 Railroad Avenue ALBERTVILLE, AL 35950		
3. The mailing a	ddress (if different): P.O. BOX 370 ALBERTVILLE, AL 35950		
4. Date of incorp	ddress (if different): P.O. BOX 370 ALBERTVILLE, AL 35950  poration/qualification: 09/28/2017 Document number: F17000004343	·	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		2
	Martha G. Johns	SEC	024
	14395 CORDGRASS LANE PENSACOLA, FL 32507	語	024 APR 22
		ΕΥ <u>0</u>	22 -
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	V1S 30	PM 4: 07
	C T Corporation System	. Î ( T)	07
	1200 South Pine Island Road		
P.O. Box NOT acceptable			
	Plantation, Florida 33324		
The street addre	ss of its registered office and the street address of the business office of its regis be identical.	stered a	gent,
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	r 50	
arel	e of an officer of director  the appointment as registered agent and agree to act in this capacity	CF	0
I hereby accept I further agree to of my duties, an document is bein	n comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered ager ng filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	perforn it. Or . firm the	iance if this it the
	bruse DILL 04/19/2024		
	half of an entity:		
Denise Bell, Assi	t. Secretary		
	ped 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)

By: