## F17 000 005 769

(Requestor's Name)				
(Address)				
(/ lddlc55)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocament Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



000441410750

24 Until 26 | 17 | 4:32

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 815897 7607005

AUTHORIZATION :

COST LIMIT : \$ 35.00

\_\_\_\_\_\_\_

ORDER DATE: December 6, 2024

ORDER TIME : 12:28 PM

ORDER NO. : 815897-042

CUSTOMER NO: 7607005

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: MCCAIN FOODS USA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

## 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 S organized under the laws of the State of $\underline{}$ registered agent, or both, in the State of F.	ME
1. The name of t	he corporation: MCCAIN FOODS (	JSA, INC.	
2. The principal			
	e 11th Floor Oakbrook Terrace To	ower Oakbrook Terrace, IL 60181	
3. The mailing a	ddress (if different):		
-		Document number: F170000	05769
5. The name and		ered agent and registered office on file wit	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	AD	
	PLANTATION, FL 33324		П.,. 52
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered offi	0EC 25
	Corporation Service Company		
	1201 Hays Street		PH 4: 32
		O Box NOT acceptable	<b>夏四日</b>
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the s be identical.	street address of the business office of its	registered agent.
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	lopted by its board of directors or by an end notified in writing of the change.	officer so
/s/ Chad Hutchison		Chad Hutchison	Secretary
Signatur	re of an officer or director	Printed or typed name and titl	le
I further agree to of my duties, and document is being corporation has	to comply with the provisions of at	ont and agree to act in this capacity. Il statutes relative to the proper and com we obligation of my position as registered win the registered office address, I hereb ange.	plete performance Lagent. Or, if this y confirm that the
By: . \( \)	ro Tokuble	12/18/2024 Date	
_	half of an entity:	Date	
5 5	•		
	Asst. Vice President  upped or Printed Name		
		G 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)
CSC 815897