

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 POPCORN CONFECTIONS, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Popcorn Confections, Inc.
Name of Corporation

DOCUMENT NUMBER: F19000004209

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

,888 705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statutes ion organized under the laws of the State of <u>Virgin</u> or registered agent, or both, in the State of Florida.	iia	
1. The name of	the corporation: Popcorn	Confections, Inc.		
2. The principal	office address: 9022 WIG NTON, FL 33534			
4. Date of incor	poration/qualification: 9/5/2	019 Document number: F1900000)4209	
	d street address of the current re rtment of State: (If resigned, ent C T CORPORA			
	1200 SOUTH PINE ISLA	IND ROAD	20	
	PLANTATION	FL 33324	2019 SEP	ۇ 1
6. The name an (if changed):		tered agent (if changed) and /or registered office	25	
	Registered Ager	nt Solutions, Inc.	PH 12: 4	
	155 Office Plaza		47	
	Tallahassee	O. Box NOT acceptable FL 32301		
The street addr as changed will	ess of its registered office and t he identical.	he street address of the business office of its regist	ered agent	Ļ
Such change wauthorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer seen notified in writing of the change.	so	
/5/ Maria	nne Reithoffer ure of an officer or director	Marianne Reithoffer Vice	e Chair	man
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered to comply with the provisions of my duties, and I am familiar w his document is being filed merc that the corporation has been	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as reg ly to reflect a change in the registered office addre notified in writing of this change.	istered ess, I	
_ Hode	make of Registered Agent	09/25/2019		
	chalf of an entity:	****		
	Hart - Assistant Secreta	ry		
Т	yped or Printed Name			