## Floridal Department of State Devision of Confederations Rectronic Filling 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 DAIRYTRADE C INC.

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

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

statement of	change is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this varised under the laws of the State of $\underline{DELAWA}$ istered agent, or both, in the State of Florida.	<u>IRE</u>
	of the corporation: DAIRYTRADE	-	
		Road E, Unit 113. Oakville, Ontario L6H 7G3	CANADA
3. The mailin	ng address (if different):		
4. Date of ins	corporation/qualification: 10/23/2020	Document number: F20000004691	<del>_</del>
5. The name		l agent and registered office on file with the	
	COGENCY GLOBAL INC		<del></del>
	115 N. CALHOUN ST., STE. 4		2021 AUG -4 DELAHASSI
	TALLAHASSEE, FL 32301		
6. The name (if change	and street address of the new registered ag i):	gent (if changed) and /or registered office	
	Capitol Corporate Services, Inc.		<b>2</b>
	515 East Park Avenue 2nd Fl		
	P.O.E	Box NOT acceptable	
	Tallahassee, FL 32301		
The street ad	dress of its registered office and the street	et address of the business office of its registered a	gent,
_		ted by its board of directors or by an officer so notified in writing of the change.	
I hereby according to the second of the seco	ept the appointment as registered agent a see to comply with the provisions of all st and I am familiar with and accept the of being filed merely to reflect a change in has been notified in writing of this chang	Tona Hon Types using and the Protect of types using and agree to act in this capacity, attacks relative to the proper and complete performation of my position as registered agent. Or the registered office address, I hereby confirm the registered office address, I hereby confirm the registered office address.	
D	clanic Case	8/4/2021	
	Signature of Registered Agent	Date	<del></del>
If signing on	behalf of an entity:		
Delanie Ca	se, Assistant Secretary on behalf of Typed or Printed Name	Capitol Corporate Services, Inc.	
	* * * FILING F	PRE: \$35.00 * * *	
		LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	

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CR2B045 (04/13)