F24000000131

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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J. HORNE JUN 13 ZUZS		

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2025 JUN 12 PM 1: 05 FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 298432 8486263

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: June 5, 2025

ORDER TIME : 2:15 PM

ORDER NO. : 298432-031

CUSTOMER NO: 8486263

CHANGE OF AGENT

NAME: INTERNATIONAL SPROUT HOLDINGS,

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 $\varphi \sim \text{FOR CORPORATIONS}$

statement of cha	nge is submitted for a corporat	or registered agent, or both, in the State of Florida.
The name of t The principal	he corporation: INTERNATIO office address: 1011 Volunteer	DNAL SPROUT HOLDINGS, INC. r Drive, Cookeville, TN 38506
_		
4. Date of incorp	poration/qualification: 11/15/20	Document number: F24000006374
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	NRAI Services, Inc.	
	1200 S. Pine Island Road	FL 33324 Tered agent (if changed) and /or registered office
	Plantation	FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company		
	1201 Hays Street	ny Si
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and t be identical.	the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
/s/ William Parks		William Parks, Accounting & Finance Operations Manager
I hereby accept I further agree to of my duties, an document is bei corporation has	o comply with the provisions of d Lam familiar with and acces	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this inge in the registered office address, I hereby confirm that the is change.
By: Cein Lev		06/12/2025
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Asst. Vice President	_
`	•	LING 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 298432 031