

F930000001828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

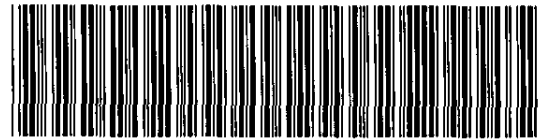
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
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12 SEP 14 AM 10:45
SECRETARY OF STATE
DIVISION OF CORPORATE &
FINANCIAL SERVICES

RA/Rolch8
9/14/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 335885 4807684

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 5, 2012

ORDER TIME : 10:13 AM

ORDER NO. : 335885-034

CUSTOMER NO: 4807684

CHANGE OF AGENT

NAME: NATIONAL DISTRIBUTION CENTERS
OF DELAWARE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

10

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL DISTRIBUTION CENTERS OF DELAWARE, INC

2. The principal office address: 71 West Park Avenue, Vineland, NJ 08360

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/12/1993 Document number: F93000001828

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT Corporation System

1200 South Pine Island Road

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

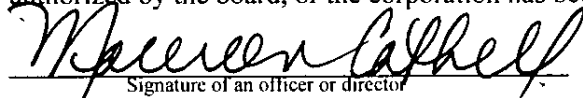
1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

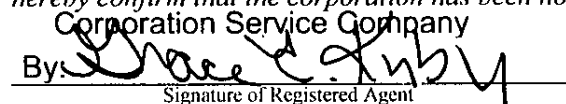
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Maureen Cathell, Vice President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: 
Signature of Registered Agent

8/29/2012

Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant V.P.

Typed 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

12 SEP 14 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA