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EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 845296

7452109

AUTHORIZATION :

COST LIMIT : \$ 35.40

ORDER DATE : July 14, 2011

ORDER TIME : 10:57 AM

ORDER NO. : 845296-004

CUSTOMER NO: 7452109

CHANGE OF AGENT

NAME: KAYEM FOODS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation org	istered agent, or both, in the State of Massacht satistered agent, or both, in the State of Florida.		
1. The name of	the corporation: KAYEM FOODS,	INC.		
75 Arlingto	on St., Chelsea, MA 02150-5728			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/17/1996	Document number:F96000004768		
	d street address of the current registered artment of State:	d agent and registered office on file with the		
	C T Corporation System			
	1200 South Pine Island Road			ur,
	Plantation, FL 33324			1000 C
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	1	T.
	Corporation Service Company		PX	MODUOON MON
	1201 Hays Street		4: 23	Š
	(P.O. Box NOT accepta	ible)	ي تن	7
	Tallahassee, FL 32301			
The street addras changed will	ess of its registered office and the stre I be identical.	eet address of the business office of its registere	d agent,	
Such change wanthorized by the	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.		
Hraz (Signat	ture of an officer or director)	Freder Bolla - Asst. (on)	trolle_	
I hereby accept I further agree of my duties, ar document is bet corporation ha.	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete perfo obligation of my position as registered agent. O the registered office address, I hereby confirm ge.	ormance)r, if this that the	
By: Corporati	ion Service Company	7/13/2011 (Date)		
	glature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
	Dawson, Asst. Vice President			
(°	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *