F98000005797

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ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 515660 7737493

AUTHORIZATION :

COST LIMIT : \$ \$\delta \delta \delta

ORDER DATE : February 25, 2022

ORDER TIME : 2:01 PM

ORDER NO. : 515660-003

CUSTOMER NO: 7737493

CHANGE OF AGENT

NAME: COMMODITY FORWARDERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of <u>California</u> r registered agent, or both, in the State of Florida.
	the corporation: COMMODITY F	- · ·
1. THE HAIRE OF	me corporation.	Cienega Boulevard, Los Angeles, CA 90045
2. The principal	office address:	Storioga Boalovata, 200 7 rigolos, 671 000-10
3. The mailing a	ddress (if different):	
4. Date of incom	poration/qualification: 10/16/199	B Document number: F98000005797
	i street address of the current registrent of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	C T Corporation System	<u> </u>
	1200 South Pine Island Road	SECALLA TALLA
	Plantation	red agent (if changed) and /or registered office
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 addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
<u></u>	e E Wane	Jill Cilmi, Vice President
Signatus	re of an officer or director	Printed or typed name and title
I hereby accept I further agree to of my duties, an document is beil corporation has Corporation	the appointment as registered a to comply with the provisions of a I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this a Service Lompany	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
By: Cli	, m Ley	03/03/2022
	nature of Registered Agent	Date
If signing on be	half of an entity:	
Ami M. Casper,	Asst. Vice President	_
Ту	yped 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 CR2E045 (04/13)