

98000005927

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 28, 2002

ORDER TIME: 9:22 AM

ORDER NO. : 502547-040

100005183231--8

CUSTOMER NO: 7228946

CUSTOMER: Ms. Angie Miro

Suiza Foods

2515 Mckinney Avenue

CHANGE OF AGENT

BARBER DAIRIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _____PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

C. Coullistie APR 0 2 2002

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, the undersigned corporation organized under the laws of the State of _DELAWARE
submits the following statement in order to change its registered office or registered agent or fath, in
the State of Florida.
1. The name of the corporation : BARBER DAIRIES, INC.
SSE 2 E
2. The mailing address of the corporation: 2515 MCKINNEY AVENUE - SUITE 1200
DALLAS, TX 75201
3. Date of incorporation/qualification: 10/23/1998 Document number: F98000005927
4. The name and address of the current registered agent and office:
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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.
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(Signature of an office), chairman or vice chairman of the board) (Date)
ANGELA B. MIRO, Asst. Secretary
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Laure (Signature of Registered Agent) 3/29/02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Laura R. Dunlap Asst. V. Pres.
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)