Page 1 of 2

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(((H110001707863)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE THE WAREHOUSE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. SAULSBERRY EXAMINER

JUN 3 0 2011

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: THE WARSHOUSE, L.L.C.				
Name	of Limited Lia	ability Company		
Dear Sir or Madam:	•			
The enclosed Registered Agent/Registere	d Office Chan	see and fee(s) are submitted for	filing	
,				
Please return all correspondence concerni	ing this matter	to the following:		
			7A 66	
Sharon Oison			三島。テ	it on the same
Name of Person			2011 JUN 29 SECRETARY	
			29 SSS	F
Kerry Inc.		_		1
Firm/Company			T S	E.
3330 Millington Road			AM 9: 00	
Address			35,	
	•			
Beliot, WI 53511-9564			•	
City/State and Zip Code				
sharon.olson@kerry.com				
B-mail address: (to be used for future annual repor	t notification)			
For further information concerning this ma	itter, please ca	It:		
Sharon Olson	at (363-3757		
Name of Person		Area Code & Daytime Telephone Numb	жī	
STREET/COURIER ADDRESS:	M	AILING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
		Ilahassee, Florida 32314		
Tallahassee, Florida 32301	1 4	THE BUILDING A TOTAL TOTAL		
Enclosed is a check for the following	ing amount:			
Cl \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		

INH\$18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: THE WAREHO	OUSE, L.L.C.				
2. (a) Principal office address of limited liability compa	ALL MARTIN	ALLE MARTIN CALLS MEM DIDIUS			
(Note: MUST BE STREET ADDRESS)	PLANT CITY FL 335	56 US			
(b) Mailing address of limited liability company:	3330 MILLD	IGTON ROAD			
(Note: MAY BE POST OFFICE BOX)	BELOTT WI 53511				
08/20/2003	L03000031202	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>			
3. Date of filing/registration in Florida	4. Document number	r			
5. (a) Registered Agent and Registered Office shown of	n the records of the Flo	orida Dept. of State:	2		
Registered Agent:	CORPORATION SER	VICE COMPANY	=		
Registered Office Address:	1201 HAYS STREBT	弃쯵	Z Z		
Roginales Office Attacks.	TALLAHASSEE, FL 3	2301 US 6 8	3		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office		EM 9:		
NEW Registered Agent:	C T Corporation System	<u>, 88</u>	<u></u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island	Road	_		
(MUSI BE PLUMDA STREET ADDRESS)	Plantation	,FL_33324			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company. Signifure of a member or sufferized representative of a member	Florida street address on tical. Or, in the case of s) was/were authorized erwise provided in the	of the registered office of a Florida limited by an affirmative vo	e ete en		
Stephanie Sabo, Manager Printed or typed name of stones					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or if this document is being filed to maddress, I hereby confirm that the limited liability companies of CT Cappagaion System.	names to not in this name	acity. Y further agree	e to		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)