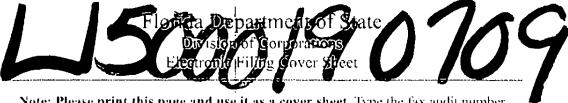
Division of Corporations



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(((H24000326040 3)))



H240000260403ABCV

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To:

Division of Corporations

Fax Number : (850)617+6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (614)573-3996 Fax Number

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

Email	Address:	_	
			<u>:''</u>

LLC REGISTERED AGENT CHANGE BANYAN DETOX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

LEMBUX

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Corporate Filing Menu

[양명 0 1 2024

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statities, 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. BANYAN DETOX, LLC 1. Name of the limited liability company: 201 SE OSCEOLA ST 225 N Federal Hwy 2. (a) Principal office address of limited liability company Mailing address of limited hability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) STUART, FL 34994 SUITE #808 POMPANO BEACH, FL 33062 11/10/2015 1.15000190709 3. Date of filing/registration in Florida Document number BTC INTERMEDIATE HOLDINGS LLC 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 225 N Federal Hwy Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE #808 33062 POMPANO BEACH C.T. Corporation System (b) Enter name of NEW Registered Agent and/or NEW Registered Office address

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

33324

Hith open Red		Kathryn McBride
Signature of a member or authorized representative of a member	7	Pointed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

CT Convention System, and the second

CT Corporation System Patrice Putton.

NEW Registered Office Address: 1200 South Pine Island Road

Plantation

Signature of Registered Agent Natalie Pickens, Assistant Secretary

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(((H24000330818 3)))



H240003308183ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL VITERRA USA INGREDIENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2024 SEP 30 AM 9: 52

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H24000330818

COVER LETTER

	ion Section of Corporations			
		iterra USA Ingrediei	nts, LLC	
SUBJECT:	(Name of F	of Foreign Limited Liability Company)		
Dear Sir or Madar	n:			
The enclosed with	drawal and fee(s) are submit	ted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
	(Name of Person)			
Capitol Servic	es - Corporate Filings	Team		
	(Firm/Company)			
515 East Park	Avenue 2nd Fl			
	(Address)			
Tallahassee .	FL 32301			
	(City/State and Zip Co	ode)		
For further informs	ttion concerning this matter,	please câll:		
	•	•		
			498 - 5500	
(Name of Person)	(Area Code &)	Daytime Telephone Number)	
STREET	COURIER ADDRESS:	MAILI	NG ADDRESS:	
	ent Section	Amendment Section		
Division of Corporations		Division of Corporations		
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		P.O. Box 6327 Taliahassee, FL 32314		
Enclosed is a chec	k for the following amount	':		
∑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

H24000330818

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Viterra USA Ingredients, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
January 6, 2012	
(Date registered with Florida Department of State)	
M12000000130	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: 10-01-2024 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements this date will not be listed as the document's effective date on the Department of State's records (Signature of authorized representative)	m D
Brian Ternus	
(Typed or printed name of signee)	

Filing Fee: \$25.00