CT CORPORATION

M01000002870

1. Barber Milk, Inc.		· · · · · · · · · · · · · · · · · · ·					
Dean Foods Business Services			<u> </u>	<u>.</u>	<u>-</u>		: 1-1 -1-1-1
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3. Dean Pickle and Specialty	Products Company		, , , , , , , , , , , , , , , , , , ,	.,		**	<u>सर्</u> - पूर्व
4. Franklin Plastics, Inc.	·	-	47 7	. 1	*		
5. T.G. Lee Foods, Inc.		+		11 242	· · · · · · · · · · · · · · · · · · ·	. <u></u>	and the second s
6. McArthur Dairy, Inc.					 ·		
7. Dean Management Corpor	ation						'1
8. Land-O-Sun Dairies, LLC				<u> </u>		-	F-77
9. Ryan Foods Company, LL	~			· · · · · · · · · · · · · · · · · · ·		>=_	······································
	<u> </u>		<u>500</u>	****** 25	010 <u></u> 010	53—01 ****25	5 .00
() Profit () Nonprofit	() Amendment		() Merger		<u></u>		
() Foreign	() Dissolution/Withdra () Reinstatement		() Mark	<u> </u>		-	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	-	() Other Change o	fRA	·	•	
() Certified Copy	() Photocopies		() UCC () CUS		—— ≅«	- 02	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	=	() After 4:30 (x) Pick Up		E AHASS	2 JUN 28	
Name Availability Document	6/28/02	- ;	Order#: 54	30842	E. H. DRIE	PH 2: 47	The second secon
Examiner Verifier W.P. Verifier		·	Ref#:		A.		
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660 East Jefterson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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. The name of the l	imited liability company	is: Ryan Foods C	ompany, LLC	<u></u> .
2. The mailing addre	ess of the limited liability	company is:	2515 McKinney Av	enue, Suite 1200
Dallas, TX 75201				<u>.</u>
12-26-01			M01000002870	
3. Date of filing/regi	istration in Florida		4. Document nur	nber
5. The name of the re Florida Departmen	egistered agent and the re	gistered office a	ddress as shown	on the records of the
1	Corporation Service C	Company		
		Name		· ·
	1201 Hays Street			
		Address		5 0
	Tallahasse, FL 32301			
	Ci	ty, State and Zip)	
6. The name and add	ress of the new registered	d agent and/or of	ffice:	02 JUN 28 PN 2: 47 SLOWED RY DE STATE SLOWED RANGE FLORIE
	C T Corporation System	m		Fig. 2
		Name		五字 12
	1200 South Pine Island			最至 丰
	Florida street addı	ress (P.O. Box N	OT acceptable)	
	Plantation	FL 33324		
	City	, State and Zip		
confirmed that after t and the business office liability company, it is the members of the li- the operating agreem	y company is not organize the change or changes are ce of the registered agent is hereby confirmed that is imited liability company ent of the limited liability authorized representative of a me	e made, the Flori will be identica the change(s) wa or as otherwise p y company.	da street address I. Or. in the case	of the registered office
Craig Carter, Authorized (Printed or typed name of s				
comply with the prov and I am familiar wit Chapter 608, F.S. O address, I hereby con	isions of all statutes rela th and accept the obligati r, if this document is bein tfirm that the limited liab	tive to the prope ions of my positi ng filed to merel pility company h	r and complete pl on as registered o y reflect a change as been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.
C T Corporation System	i Balta	Maria Ozael	ta,	
(Signature of Registere d A		Assistant Secre	-	22214
Di	vision of Corporations,	r.U. B0X 6327,	ı ananassee, FL	1 32314
INHS18(10/99)	FII	LING FEE: \$25	.00	