

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M02000007442

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 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.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
 11 JAN -6 PM 12:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
 ADVANCE BRANDS, LLC**

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

11 JAN -6 PM 3:51  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

B. Tackett JAN 07 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advance Brands, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Pellerin

Name of Person

Advance Pierre Foods

Firm/Company

9990 Princeton Road

Address

Cincinnati OH 45246

City/State and Zip Code

Craig.pellerin@advancepierre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Hase

Name of Person

at (513) 682-1309

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

(NHS18 (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: Advance Brands, LLC
2. (a) Principal office address of limited liability company: 4540 Princeton-Glenade Rd  
Cincinnati, OH 45246  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 4540 Princeton-Glenade Rd  
Cincinnati, OH 45246  
 (Note: **MAY BE POST OFFICE BOX**)

9/17/02

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Bill O'Neill

Registered Office Address:

1805 Magdalene Manor Drive  
Tampa, FL 33615

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

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.

William D. Tolar  
 Signature of a member or authorized representative of a member

WILLIAM D. TOLAR  
 Printed or typed name of signer

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Renee Cruz  
 Signature of Registered Agent

**Renee Cruz, Asst. Secretary**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

FILED 11-16-2010 CT System Online

STATE DEPT OF STATE  
DIVISION OF CORPORATIONS

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