4/19/2018

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.

Electronic Filing Cover Sheet

(((H18000124349;3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

e:-: (954)208-0845

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

Emp41	Address:	. First:
CINO TY	WAR E 33.	

LLC REGISTERED AGENT CHANGE S-L SNACKS NATIONAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

DEPARTMENDAPORAL TALLAHASSEE. FLOOR	2018 APR 19 PH 3: 0	RECEIVED
7-77 7-77		ည

Electronic Filing Menu

Corporate Filing Menu

Help

-16.5

it.

347

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 Statutes, the undersigned limited Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company: S-L SNACKS N					
(#/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)			
	13515 BALLANTYNE CORPORATE PL.		135151	BALLANTYNE	CORPORATE PL.	
	CHARLOTTE, NC 28277		CHARLOTTE, NC 28277			
	01/26/2006	•	Ту) М060000			
	Date of filing/registration in Florida	4.	·	Document	number	
. (a)	REGISTERED AGENT SOLUTIONS, INC.		;		TL 62	
. (4)	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of S	State:	2010 APR	المحادث
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	(32			The
	155 OFFICE PLAZA DRIVE, SUITE A		15			
	TALLAHASSEF	32301				
		72.301			•	
(b)	Enter name of NEW Registered Agent and/or NEW Registere				2. 28 6. 28	
(b)					. ் ' ' ப	
(b)	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System				. ் ' ' ப	
(b)	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road	1 Office	nddress:		. ் ' ' ப	
	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation , F	33324	iddress:		្ត ស្វ	
f the li he cha gent w vas/we he arti	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road	33324 ws of the reliability of the le limite	nc State of gistered of company, imited liab diability on the company of the comp	Florida, it is here and the buit is hereby conflity company company. Printed or ty	ereby confirmed the siness office of the nfirmed that the char or as otherwise properties.	register ngc(s) vided in

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