## M12643

(Re	equestor's Name)		
(Ad	dress)		
(Ad	Idress)		
(Cit	ty/State/Zip/Phone	e #)	
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ALLAHASSEE, FLUPP

m 18031 PK 3: 21

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation or	0502, 607,1508, or 617.1508, Florida Statutes ganized under the laws of the State of <u>FL</u> gistered agent, or both, in the State of Florida.	
1. The name of t	the corporation: NATIONAL BRAND	S, INC.	
2. The principal	office address:		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 03/13/1985	Document number: M12643	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
	CORPDIRECT AGENTS, INC		
	515 East Park Ave		
	Tallahassee	FL 32301	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	- '
	Corporation Service Company		:
	1201 Hays Street		•
	PO	Box NOT acceptable	•
	Tallahassee	FL 32301	;
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its regist	tered agent.
Such change wa authorized by th	as authorized by resolution duly ador ne board, or the corporation has been	pted by its board of directors or by an officer inotified in writing of the change.	SO
/S/ Evelyn Mad	cia	Evelyn Macia, Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan n Service Company	and agree to act in this capacity. statutes relative to the proper and complete pobligation of my position as registered agent the registered office address, I hereby confi age.	performance '. Or, if this irm that the
By: I ) no	co rakubi.	01/30/2024	
Sig	nature of Registered Agent	Diffe	
If signing on be	half of an entity:		
	Asst. Vice President		
Ty	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314