## 1113000006074

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
:					

Office Use Only



700274718727

07/09/15--01018--002 \*\*25.00

FILED

15 JUL -9 AH II: 01

SECRETARY OF STATE
SECRETARY OF STATE

JUL'1'0'MB T. HAMPTOM



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 7, 2015

Order#: 676434-024

Re: SUMMIT PET PRODUCT DISTRIBUTORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: SUMMIT PET PE	RODUCT DISTRI	BUTORS, LLC
2	(a)	420 N Chimney Rock Road	(b)	
2.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Greensboro N( 27410		
		09/25/2013	M13000	0006074
3.		Date of filing/registration in Florida	4.	Document number
5	(0)	BUSINESS FILINGS INCORPORATED		·
5.	(a)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of St	tate:
		1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	TAS TO
		Magazina Cinat Marati M	<u> </u>	ECG C
		Plantation , FL_	33324	TAR TAR
				M M M M M M M M M M M M M M M M M M M
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	ORI O
				DA
		1201 Hays Street		
		<u>NEW</u> Registered Office Address:		
		Tallahassee FI	32301	
		,115_	02007	_
the age wa	cha ent v s/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he registered offi bility company, it the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	a <sup>t</sup>		Dona Priebe,	Authorized Person
-5	igui	ture of a niember r authorized representative of a member		Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performance of m	v duties, and I am familiar with and accept
Sig	guatu	e Registered Agent Corporation Service Company	BY: Sylvia Oue	eppet, Asst. Vice President