| M20000004423 | | | | | | | |
|--|---|--|--|--|--|--|--|
| (Requestor's Name) (Address) (Address) | 200391505502 | | | | | | |
| (City/State/Zip/Phone #) | 2022 NOV 28 AH 7: 39 | | | | | | |
| Certified Copies Certificates of Status | RECEIVED BRINN 28 PH & SO PALLAHASSEE, FLORID | | | | | | |

A. BUTLER NOV 30 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

والجن والمراجع

ACCOUNT NO. : I2000000195

REFERENCE : 156756

AUTHORIZATION :

7991914 relleran

COST LIMIT : \$ 25.00

- ORDER DATE : November 23, 2022
- ORDER TIME : 12:43 PM
- ORDER NO. : 156756-020
- CUSTOMER NO: 7991914

CHANGE OF AGENT

NAME: LANCASTER FOODS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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.

| I. Na | me of the limited liability company: | OODS, | | | | _ | | |
|--|--|-------------------------------------|---------------------------------------|--|-------------------------------|--------------------|--|--|
| | | | | | | | | |
| . , . | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | . , | Mailing address (<u>Note: MAY</u> | of limited lia | bility coa | npany: | |
| | 7700 CONOWINGO AVE. | | 900 | 01 Whiskey Bottom | Rd | | | |
| | JESSUP, MD 20794 | Laurel, MD 20723 | | | | | | |
| | 07/13/2018 | | M20 | 000004423 | | | | |
| 3. | Date of filing/registration in Florida | 4. | - | Document n | umber | | | |
| 5. (a) | | | | | | | | |
| , (u) | Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM | î the Flori | da Dept. | , of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE. | 55) | | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | 2022 | | |
| | PLANTATION F1 | 33324 | | | | 2022 NOA 28 | | |
| | | | | | -: | 28 | يد . | |
| | | | | | <u></u> | AH | 2 3 1 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | <u>d Office a</u> | <u>ddress</u> : | | | 7:3 | | |
| | Corporation Service Company | | | | <u></u> | 39 29 | | |
| | NEW Registered Office Address: | | | | | | | |
| | 1201 Hays Street | | | <u> </u> | | | | |
| | Tallahassee | 32301 | | | | | | |
| | Tallahassee Fi | | | | | | | |
| change agent w was/we | mited liability company is not organized under the later or changes are made, the Florida street address of the cill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | e registe ability c of the li | red off ompar nited l | ice and the business by, it is hereby confi liability company or | s office of t irmed that (| he regi the cha | stered nge(s) | |
| | /S/ Jennifer K. Miller | Je | Jennifer K. Miller, Authorized Person | | | | | |
| - | ure of a member or authorized representative of a member | | | Printed or type | - | • | | |
| I hereb provisio (he obli (o mere notified | w accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I fin writing of this change. | | | | | | with the nd accept ging filed is been | |
| Signatur | Linco CKubile | GRAC | Е.Е.К | KIRBY, ASST. VIC | E PRESID | ENT | | |

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