PO10000 97580

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

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 7, 2020

Order#: 121877/004

Re: FROOTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050	ized under the law	vs of the State of	r_Florida
	r to change its registered office or register	ered agent, or boti	n, in the State of	r Iorida.
1. The name of t	he corporation: FROOTS, INC.		00044	
2. The principal	office address: 4380 Oakes Road, Suite	800, Davie, FL	33314	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/07/2001	Document r	number: P0100	00097580
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registere		
	Corporate Creations Network, Inc.			103 T
	11380 Prosperity Farms Road, #221E			JAN-9
	Palm Beach Gardens	FL	33410	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	d /or registered o	
	Corporation Service Company			
	1201 Hays Street			
	P.O Box NOT acceptable			
	Tallahassee	FL	32301	<u></u>
The street addre	ess of its registered office and the street be identical.	address of the bu	siness office of	its registered agent,
Such change was authorized by th	is authorized by resolution duly adopted board, or the corporation has been no	d by its board of c tified in writing o	lirectors or by a of the change.	n officer so
Xie	e E Gone	Jill Cilmi, Vice F	President	
/ 1	e of an officer or director		ed or typed name and	title
I further agree to of my duties, an document is being corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change in Service Company	utes relative to th igation of my pos e registered offic	this capacity. e proper and co ition as register e address, I her	omplete performance red agent. Or, if this eby confirm that the
By: Cer)	m Leil	01/07/2020		
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	Asst. Vice President yped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)