P03312

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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L.A. Change

O: Coulifotte AUG 2 0 2008



ACCOUNT NO. : 072100000032 REFERENCE : 6912000167843 AUTHORIZATION : \$ 35.00				
ORDER DATE : August 19, 2008				
ORDER TIME : 10:22 AM				
ORDER NO. : 691220-005				
CUSTOMER NO: 5167843				
CHANGE OF AGENT NAME: SOUTHERN BAKERIES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Susie Knight EXT# 2956 EXAMINER:				

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of $_$	Florida
1. The name of	the corporation: Southern Bakeries	, Inc.	
2. The principal	office address: 1919 Flowers Circ	le	
	Thomasville, GA		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 09/18/1984	Document number: P0331	2
	d street address of the current registered a rtment of State:	gent and registered office on file wit	th the
	Ken Reeves		_
	3355 Memorial Blvd		_
	Lakeland, FL 33801		OB A
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered off	AUG 20 RETARY
	Corporation Service Company	У	
	1201 Hays Street		LORIE LORIE
	(P.O. Box NOT acceptable))	
	Tallahassee, FL 32301		_
The street addr	ess of its registered office and the street be identical.	address of the business office of it	ts registered agent,
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so
Topan	ure of an officer or director)	STEPHANIE B. TILLMA (Printed or typed name and	N SECRETARY
I further agree of my duties, ar document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity. Putes relative to the proper and con ligation of my position as registere ne registered office address, I herel 1.	nplete performance d agent. Or, if this by confirm that the
By:	tion Service Company	8-20-08	
(Si	gnature of Registe (cd Agent)	(Date)	
	ehalf of an entity: ue G. Knight as its agent		
(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *