P140000 90091

(Re	questor's Name)			
bA)	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phone #)		
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(Bu	siness Entity Name))		
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Amendment Section

TO:

Division of Corporations	
SUBJECT: Name of Corporation	
DOCUMENT NUMBER: P14000090091	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Geoffrey L. Taylor	
Name of Contact Person Olive Branch Products and Packaging Inc	
Firm/Company Olive Branch Products and Packaging Inc	
Address Palm Beach Gardens , Florida 33410	
City/State and Zip Code	
gtaylor@olivebranchfood.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Geoffrey L. Taylor	at (614 446-0914 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Amenament occurr	/ mionament occurr

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Sunge is submitted for a corporation organized under the laws of the State of $\frac{\text{Fl}}{\text{Fl}}$	orida	is 	
in order	r to change its registered office or registered agent, or both, in the State of Flo Olive Branch Products and Packaging Inc	rida.		
1. The name of t	he corporation:			_
2. The principal	office address:			_
3. The mailing a				
4. Date of incorp	ddress (if different):			
5. The name and	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)			
	Will Pace			
	3765 Biggin Drive		202	
	Jacksonville, Florida 43035			e grant trape to
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic		. 24 PM	
	Geoffrey L. Taylor	महा मिटा	$\ddot{5}$	O
	3801 PGA blvd Sir. # 600 P.O. Box NOT acceptable	L H	3	
	P.O. Box NOT acceptable Palm Beach Gardens, Florida 33410			
	1 am Beach Galdens, Florida 55410			
The street addre	ss of its registered office and the street address of the business office of its be identical.	registere	d agen	it.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an our board, or the corporation has been notified in writing of the change.	fficer so		
	e of an officer or director CEO Hr. 1 L. J.	Pies	/1).FW	7/660
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comply and familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address. I hereby been notified in writing of this change.			
1-131/1/	tartire of Registered Agent 1//5/2020 Date			
· // Kigi	Date Date			-
If signing on be	half of an entity:			
Cotoffray .	sped or Prighed Name			

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