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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to F	iling Officer:	

Office Use Only

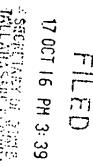


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: October 12, 2017

Order#: 849044-010

Re: HIGH LINER FOODS (USA), INCORPORATED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Tecora Bell c/o Corporation Service Company 251 Little Falls Drive 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 CORPORATIONS

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508. Florida Statutes, th on organized under the laws of the State of DE or registered agent, or both, in the State of Florida.	iis 	
1. The name of	the corporation: HIGH LINER FO	DODS (USA) INCORPORATED		
	office address: ER AVENUE PORTSMOUTH N	H 03802-0839		·
_	address (if different):910_100 BATTERY POINT_LU	INENBURG, NS B0J 2-C0 CA		
4. Date of incor	poration/qualification: 06/10/19	Document number: P14786		
5. The name and		gistered agent and registered office on file with the	<b>17</b> 0CT	
	C T CORPORATION SYSTEM		7	77
	1200 SOUTH PINE ISLAND R	OAD SEC	6 PM	[7]
	PLANTATION	FL 33324	ယ္	
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	3 <b>9</b>	
	Corporation Service Company			
	1201 Hays Street			
		Box NOT acceptable		
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of its registere	d agen	ıt,
Such change wa authorized by th		adopted by its board of directors or by an officer so been notified in writing of the change.		
Xie	Jill Cilmi, Vice President			
ignatu	re of an officer or director	Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi is document is being filed merel	igent and agree to act in this capacity. I all statutes relative to the proper and complete th and accept the obligation of my position as registe y to reflect a change in the registered office address, otified in writing of this change.	ered I	
By: Dra	co Cokuby	10/12/2017		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
Ту	ped or Printed Name	_		

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

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314