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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

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## REGISTERED AGENT CHANGE NEELANDS (USA) LIMITED INC

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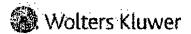
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FAXNUMBER	18506176380	
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RE	Neelands USA Limited, Inc.	

## **COVER MESSAGE**

Patrick Duffy .
Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



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

		2. 617.0502, 607.1508, or 617.1508, Flori tion organized under the laws of the State	
in orde	er to change its registered offici	e or registered ugent, or both, in the State	of Florida.
1. The name of	the corporation: Neelands USA	Limited, Inc.	
2. The principal	office address: 1775 Executive	Rd, Winter Haven, Florida, 33884-1124	
·			
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 05/12/20	Document number: P1500	0042950
5. The name and		egistered agent and registered office on file	
	Neelands, Noel		<b>60</b>
	1775 EXECUTIVE ROAD S		量量型
,	WINTER HAVEN, FL 33884		30 5
6. The name and (if changed):		stered agent (if changed) and /or registered	office 35
	C T Corporation System		_ j
	c/o C T Corporation System, 120	·	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	P. Plantation, Florida 33324	O, Box NOT succeptable	
_		the street address of the business office of	
Such change we authorized by th	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by a sheen notified in writing of the change.	5 2
Sim	it of an utilizer of director		Office Momagen
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered to comply with the provisions c my duties, and I am familiar w is document is being filed merc that the corporation has been	agent and agree to act in this capacity of all statutes relative to the proper and count and accept the obligation of my positive to reflect a change in the registered of notified in writing of this change.	omplete on as registered fice address, l
By: C T Corp	poration System	4-30-18	,
	nature of Registered Agent	Date	
	half of an entity.		
	derwood, Assistant S	ecretury	
Τ3	yped or Printed Name	<del>-</del>	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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