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H200001904103ABCR

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE COUNTRY PRIME MEATS USA INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

O SIMMONS

JUN 23 2020

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

15129570210

## Country Prime Meats USA Inc.

P16000067261 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ease call:
Mary Castillo	at (888 )705-7274
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

**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  nge is submitted for a corporat	ion organized under the	e laws of the State o	<u> Florida</u>
1. The name of t	r to change its registered office he corporation: Country F office address: COUNTR BROWARD BLVI	Prime Meats U	JSA Inc. ATS USA IN	IC.
~	ddress (if different):			
4. Date of incorp	poration/qualification: 8/12/	2016 Docum	ent number: P16	000067261
	I street address of the current re tment of State: (If resigned, ent		stered office on file	with the
	C T CORPORA	TON SYS	TEM	
	1200 S. PINE ISLAND F	ROAD		
	PLANTATION	FL	33324	2020 JUH 22
6. The name and (if changed):	I street address of the new regis			office All II: 32
	155 Office Plaza			
	Tallahassee	P.O. Box NOT acceptable FL 32	301	
The street addre	ess of its registered office and be identical.	the street address of th	e business office of	its registered agent,
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation ha	ly adopted by its board is been notified in writi	of directors or by a ing of the change.	an officer so
1s/ Gwen Ye		Gwun Y		Authorized Person
l hereby accept l further agree i of my duties, an document is bei	wol an officer or director the appointment as registered to comply with the provisions of d I am familiar with and acce ng filed merely to reflect a cha s been notified in writing of thi	of all statutes relative i pt the obligation of my ange in the registered o	to the proper and co position as registe	omplete performance red avent. Or if this
Hode	nature of Registered Agent	05/15/	2020	
Sig	nature of Registered Agent	<u> </u>	Date	
If signing on be	half of an entity:			
	Assistant Secretary	<del></del>		
Τ,	yped or Printed Name  * * * F1	LING FEE: \$35.00 *	* *	
	1.1	L. ( C   LL L   400,00		

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