Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001823873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

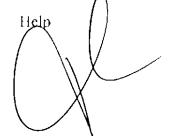
Emall.	Address:			

REGISTERED AGENT CHANGE SUPER-PUFFT SNACKS USA, INC.

Certificate of Status	0
Certified Copy	ı
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of cha	บเลe is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Stati nized under the laws of the State of Flor tered agent, or both, in the State of Flori	ida
	the corporation: Super-Pufft Snacks USA	•	
2. The principal	office address: 700 W LANCE DRIVE, P	ERRY, FL 32348	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/21/2019	Document number: P1800005272	3
5. The name and	i street address of the current registered attract of State: (If resigned, enter resign	ngent and registered office on tile with the	ne
	Cicilia, Orlando Rene		~3
	10800 Biscayne Blvd, SUITE 700		024 H
	Maimi, FL 33161		AY 2
6. The name and (if changed):	I street address of the new registered age	agent and registered office on file with the ed) and registered office on file with the ed) and (if changed) and (or registered office)	2024 HAY 21 AH 8
	C T Corporation System	and the second s	H 8: 13
	1200 South Pine Island Road		$\frac{1}{100}$ ω
	P.O. Bo Plantation, Florida 33324	x NOT acceptable	
The street addre	ess of its registered office and the street be identical.	address of the business office of its reg	gistered agent,
Such change was authorized by the	as authorized by resolution duly adopted be board, or the corporation has been no	d by its board of directors or by an official in writing of the change.	cer so
	te of an efficer or director	Alm Frilts. Transar-	
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change	nd agree to act in this capacity. utes relative to the proper and complet ligation of my position as registered ag te registered office address, I hereby co	e performance ent. Or, if this onfirm that the
C T Corporation	System Swall	05/10/2024	
Sig	nature of Registered Agent	Prate	
If signing on be	half of an entity:		
Sandra Zwijack			
ry	oped or Printed Name		
	* * * FILING FI	?F- \$35 00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: