P19000029310

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 854986 8012006 AUTHORIZATION : COST LIMIT : ORDER DATE : July 5, 2023 ORDER TIME : 1:32 PM ORDER NO. : 854986-016 CUSTOMER NO: 8012006 CHANGE OF AGENT NAME: SNACKERIE USA INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

statement of ch	provisions of sections 607.0502, 617. ange is submitted for a corporation or er to change its registered office or re	ganized under the la	ws of the State of <u>F</u>	LORIDA		
	the corporation: SNACKERIE USA IN	_	n, in the blace by 1 i	oriaa.		
	office address: 109 TANBARK TRAIL					
	address (if different): 4974 ROUTE 2	2. AMENIA NY 1250	 11			
	poration/qualification: 04/01/2019		number: P190000	29310		
5. The name and	d street address of the current register ettment of State: (If resigned, enter resi	ed agent and registere			:	
	TORRES, JUAN C			•		
	109 TANBARK TRAIL			JAKE OBSEC	2023	
	WELLINGTON	FL	33414	発売		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and	d/or registered office	ce m	023 JUL -7 PATC	
	Corporation Service Company					
	1201 Hays Street					
	P.O. Box NOT acceptable Tallahassee FL 32301					
The street addre	ess of its registered office and the street be identical.			registere	d agent,	
Such change was authorized by	is authorized by resolution duly adopte board, or the corporation has been	ted by its board of d notified in writing o	irectors or by an or f the change.	fficer so		
Franchis	Aof an officer or director	Juan t	norres - P			
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent to comply with the provisions of all side of the comply with the provisions of all side of the congress of the congress of this change in been notified in writing of this change in Service Company	and agree to act in t atutes relative to the bligation of my posi the registered office	e proper and comp tion as registered (lete perfe avent. G	hr. if this	
By: L light	The Color of Registered Agent	07/07/20				
If signing on bel	half of an entity:		Date			
	Asst Vice President 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
CR2E045 (04/13)