**Document Number Only** 

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL

32301

222-1092

City

State

Phone

**CORPORATION(S) NAME** 

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() Foreign	() Dissolution/Withdrawal	() Mark	-
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation	() Other UCC Fi Change of R.A. () Fic. Name	ling
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( ) Call When Ready	() Call if Problem	( ) After 4:30	-

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Verifier

Acknowledgment

W.P. Verifier

CR2E031 (1-89)

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5-13 5/120

## Florida Department of Sate, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICEOR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508, OR 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: Vassallo Distribution Center, Inc.
- 1a. Date of Incorporation: April 30, 1996 Document Number: P96000037248
- 2. The name and address of the present registered agent and office

  José Peña; Highway 60, West and SCL Railroad, Lake Wales, FI 3385
- The name and address of the successor registered agent and office:
   Zoraida Quintana: Highway 60, West and SCL Railroad, Lake Wales, FI 33853

The street address of its registered agent and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors.

Signature

Date

SALVADOR. V. VASSALLO - PRESIDENT
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

CRAIDA OLINTANA

DATE \$/8/9

Divion of Corporations, P. O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$ 35.00