P96000066765

(Re	equestor's Name)				
(Ac	Idress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
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DIVISION OF CORPURATION

C2-16/15



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese kboese@cscinfo.coom

Date: February 6, 2015

Order#: 434528/106

Re: DOLE BERRY COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie Boese c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

	provisions of sections 607.0502, 6. ange is submitted for a corporation		•		
in orde	er to change its registered office or	registered agent, or bo	th, in the State of I	Florida.	
1. The name of	the corporation: DOLE BERRY CO	DMPANY			•
	office address: 1900 5th St. NW				
	en, FL 33881			- · · · · · · · · · · · · · · · · · · ·	
	address (if different): PO Box 3036 ven, FL 33885				
4. Date of incor	poration/qualification: 08/08/1996	Document	number: P960000)66765	
5. The name and	d street address of the current regist rtment of State: (If resigned, enter r	tered agent and register			
	Dyal, Lucius M., Jr.				
	1900 5th St. NW				. 9
	Winter Haven	FL	33881	15 F E	VISION SECON
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) ar	nd /or registered of	•	
	Corporation Service Company			ن د	
	1201 Hays Street			ن	
	P.O. B	ox NOT acceptable			
	Tallahassee	FL	32301		
The street addresses changed will	ess of its registered office and the be identical.	street address of the bu	isiness office of its	s registered a	agent,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of core notified in writing of	directors or by an of the change.	officer so	
() 26	Dona Priebe, Vice President		/ice President		
Signatu	re of an officer or director	Print	ed or typed name and titl	e	
I jurther agree i performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not in Service Company	ent and agree to act in ll statutes relative to th and accept the obligat to reflect a change in t ified in writing of this o	this capacity, ne proper and com tion of my position he registered offic change.	plete as registere e address, I	ed .
سىهار By:	nature of Registered Agent	02/06/2015			
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Sylvia Queppet	, Asst. VP				
Ty	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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