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Northeast Business Unit

Farmland Dairies 520 Main Avenue Wallington New Jersey 07057 Good Things from Milk (City/State/Zip/miono //, PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ____ Certificates of Status Special Instructions to Filing Officer:

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O3 JAN 21 MH 8: 49
FALLAHASSEE FLORIDA

R.A. Change

T BROWN JAN 2 4 2003

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

Pursuant to th	e provisions of sections	607.0502, 617.050	2, 607.1508, or 617.150	08, Florida Statutes,
this statement o	of change is submitted for	r a corporation org	anized under the laws of	the State of
Florida	in order to chang	ge its registered off	ice or registered agent,	or both, in the State
of Florida.				
1. The name of	the corporation: PARM	ALAT GELATERIA N	MAMI I, INC.	90 8
2. The principa	l office address: 520 Ma	in Avenue, Wallingto	on, NJ 07057	FG
			t	夏2
3. The mailing	address (if different):			SET
				700
4. Date of incom	rporation/qualification:	7/29/1999	Document number:	P99000067582577
	nd street address of the cu artment of State:	rrent registered age	nt and registered office of	on file with the
	National Corporate Res	earch, Ltd., Inc.		
1406 Hays Street, Suite 2				
	Tallahassee, FL 32301			
6. The name a changed):	nd street address of the	_	· • •	registered office (if
	NATIONAL CORPORAT	E RESEARCH, LTD	., INC.	
	103 N. Meridian Street			
	-	ox or personal mailbox NO	'acceptable)	
	Tallahassee, FL 32301			
The street addr agent, as chang	ess of its registered offic sed will be identical.	e and the street add	dress of the business off	ice of its registered
Such change wanthorized by the	as authorized by resoluti he board, or the corporat	ion duly adopted by tion has been notifi	vits board of directors of ed in writing of the char	r by an officer so nge.
Signature of an office	r, chairman of vice chairman of the	board J	(Printed or types name and tit	t secretary
perjormunce oj registered agen	t the appointment as reg to comply with the provi my duties, and I am fan it. Or, if this document i I hereby confirm that th	niiiar wiin ana acci is heing filed merel	ept the obligation of my v to reflect a change in	position as the registered
(5	ignature of Registered Agent)		(Date)	
If signing on behal	If of an entity:			
(Typed or Printed Name)		(Capacity)	

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