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N. CAUSSEAUX JUL 1 6 2018

COVER LETTER

sk	
SUBJECT: SK	Name of Mark Registered)
Dear Sir or Madam:	
,	
The enclosed Mark Renewal Application	on, specimen and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
Karen Holme	
(Name of Person)	
Sunkist Growers, Inc.	
(Firm/Company)	
27770 N. Entertainmer	nt Drive
(Address)	,
Valencia, CA 91355	
(City/State and Zip Co	ode)
For further information concerning this	matter, please call:
Karen Holme	at (828) 318-8027
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Registration Section

Division of Corporations

TO:

FILING FEE: \$87.50 per class CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(<u>NOTE</u>: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/11)

Tallahassee, Florida 32301

MARK RENEWAL APPLICATION

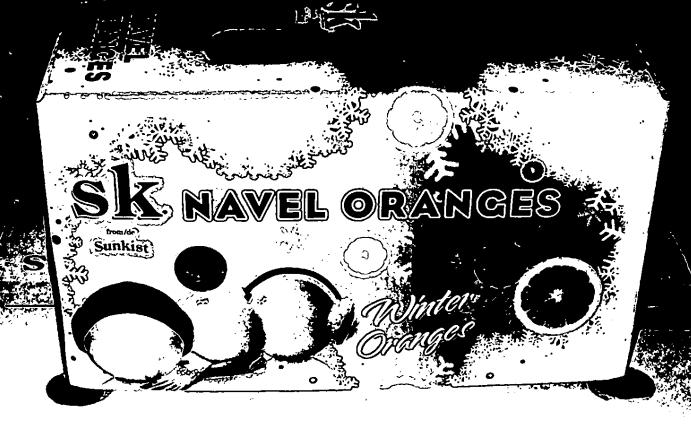
Name and Mailing Address of Owner:	Return To: Division of Corporations
Sunkist Growers, Inc.	P.O. Box 6327 Tallahassee, FL 323
27770 N. Entertainment Drive	
Valencia, CA 91355	JU 10 17 12
1) Mark Registered: SK	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
2) Registration Number: T9800001	377
	val Date: 11/23/2018 5.) Class(es) Filed: 31
•	5.071, Florida Statues. Below you must state the mark is still in onuse is not due to any intention to abandon the mark. in the State of Florida.
·	ving actual use of the mark is included with this application. state of incorporation/formation/organization: California
	Sunkist Growers, Inc.
	Typed or Printed Name of Owner
STATE OF California	Owner's Signature or Authorized Person's Signature
COUNTY OF Los Angeles	
Sworn to and subscribed before me on this 6th	day of June , 2018 , Karen Holme (Name of Individual Signing)
who is personally known to me whose	identity I proved on the basis of
(Seal)	Notary Public's Signature
Fee: \$87.50 Per Class	
Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name
Sec Alta	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. Signature of Notary Public Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Mark Renewal Application (for SK in Florida) Occument Date: June 6, 2018 Signer(s) Other Than Named Above: Capacity(ies) Claimed by Signer(s) Signer's Name: Signer's Name:	**************************************	Againstantantantantantantantantantantantantant
County of Los Angeles On June 6 2018 before me. Craig M. Japa, Notary Public Here Insert Name and Title of the Officer Date Date Name(s) of Signer(s) Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/art subscribed to the within instrument and acknowledged to me that he/she/they executed the same in ins/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Signature Ontiely Public Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Mark Renewal Application (for SK in Florida) Diocument Date: Tune 6 2018 Diogner(s) Other Than Named Above: Diagner(s) Claimed by Signer(s) Signer's Name: Karen Holme Corporate Officer — Title(s): Asst. Seccetary Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Other State of Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:		
Date	State of California) County of Los Anacles)	5
Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/arsubscribed to the within instrument and acknowledged to me that he/she/they executed the same in is/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. Signature Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document ititle or Type of Document: Mack Renewal Application Corporate Officer - Title(s): Partner - Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Other: Warner: Signer's Name: Corporate Officer - Title(s): Partner - Limited General Individual Attorney in Fact Trustee Outher: Other: Other: Other: Ordination (specific paragraph is fact and the person(s) of the instrument the person(s) in the instrument the person(s) into the instrument the person(s) in the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. WITNESS my hand and official seal. Signature Signature Optional intervention of the document of the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Optional intervention of the document	On June 6 2018 before me. Cr	aig M. Tapa, Notary Public Here Insert Name and Title of the Officer
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in is/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document itle or Type of Document: Mack Renewal Application Paragraphical Corporate Officer - Title(s): Corporate Officer - Title(s): Partner - Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Oth	personally appeared <u>Caren Holmo</u>	
And A TAPPA CANG A TAPPA Los Angeles Courns (Commission 2:188474 Wy Comm. Expires Ar 3: 2021 Place Notary Seal Above Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Title or Type of Document: Title or Type of Docum		3 17
of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. WITNESS my hand and official seal. Signature Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Mark Renewal Application Signer(s) Other Than Named Above: Document Date: Dapacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Other: Other: Other: Grade Hand Correct. WITNESS my hand and official seal.	subscribed to the within instrument and acknow his/her/their authorized capacity(ies), and that by h	rledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s).
Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. Description of Attached Document Title or Type of Document: Mark Renewal Application Copyrights Signer(s) Copyrights Claimed by Signer(s) Copyrights Claimed by Signer(s) Copyrights Claimed by Signer(s) Copyrights Claimed by Signer(s) Copyrights Claimed Signer(s) Copyrights Claimed Signer(s) Copyrights Claimed Signer(s) Copyrights Claimed Signer(s) Copyrights Name: Copyrig		I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
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Capacity(ies) Claimed by Signer(s) Signer's Name: Karen Holme Signer's Name: Corporate Officer — Title(s): Asst Secretary Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Othe	Though this section is optional, completing this	s information can deter alteration of the document or
Signer's Name: Karen Holme Corporate Officer — Title(s): Asst. Secretor Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:Other:	Description of Attached Document Fitle or Type of Document:	Application (for SK in Florida) Number of Pages:
Signer Is Representing: Signer Is Representing:	Individual Attorney in Fact Trustee Guardian or Conservator Other:	Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:
	ingrier is Representing: JUNK IST CHOWED, JAK.	Signer is Representing:

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