Australian	S	ecurities	&
Investmen	ts	Commis	sion

Form 484

Corporations Act 2001

## Change to company details

Sections A, B or C may be lodged independently with this signed cover page to notify ASIC of:

- A1 Change of address
- A2 Change of name officeholders and proprietary company members
- A3 Change ultimate holding company
- B1 Cease company officeholder
- B2 Appoint company officeholder
- B3 Special purpose company

- C1 Cancellation of shares
- C2 Issue of shares
- C3 Change to share structure
- C4 Changes to the register of members for proprietary companies

ere is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details	Company name
	Copiloro Honey Limited
Refer to guide for information about	ACN/ABN Corporate key
corporate key	55 009 686 435
_odgement details	Who should ASIC contact if there is a query about this form?
Lougement detane	Firm/organisation
	Copilaro Honey Limited
	Contact name/position description
	Richard Rivalland
4	ASIC registered agent number (if applicable)
•	Telephone number
	07 3712 8383
	Postal address or DX address
	4 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PO 30x 531
	Inala 9 4077
	Total number of pages including this cover sheet
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2	Total number of pages including this cover sheet
Signature This form must be signed by a current of	Total number of pages including this cover sheet
Signature This form must be signed by a current o	Total number of pages including this cover sheet  fliceholder of the company.
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivalland
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivalland  Capacity
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivalland
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivalland  Capacity
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivallond  Capacity  Director
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary
<b>Signature</b> This form must be signed by a current o	Total number of pages including this cover sheet  fficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Richard Rivalland  Capacity  Director  Company secretary  Signature  Date signed
<b>Signature</b> This form must be signed by a current o	Ficeholder of the company.  I certify that the information in this cover sheet and the attached sections of this form are true and complete.  Name  Capacity  Director  Company secretary  Signation

Lodgement

Send completed and signed forms to:

Australian Securities and Investments Commission,

PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website

For help or more information 1300 300 630 Telephone

Email

info.enquiries@asic.gov.au

Web

www.asic.gov.au

B1 Cease company offi	ceholder
Use this section to notify if a company officeholder. A company does not have Notification by officeholder of resignation	y officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased to notify ASIC that an officeholder has ceased if the officeholder has already notified ASIC by lodging a Form 370 tion or retirement.
Role of ceased officeholder Select one or more boxes	Director Secretary
	Alternate director —— Person alternate for
Date officeholder ceased	Date of change  Date of change  Date of change  Date of change
Name	The name of the ceased officeholder is Family name Given names
	Heodina  Date of birth  DI W M W Y Y
1	Place of birth (town/city) (state/country)  Brishone Queensland.
B1 Continued Cease a	nother company officeholder
Lies this section to potify if a company	officeholder has ceased to be a company officeholder. You need to notify details separately for each ceased e to notify ASIC that an officeholder has ceased if the officeholder has already notified ASIC by lodging a Form 370
Role of ceased officeholder Select one or more boxes	Director Secretary
	Alternate director Person alternate for
Date officeholder ceased	Date of change  O 3/10/0/8  [D D] [M M] [Y Y]
Name	The name of the ceased officeholder is  Family name  Given names  Rosemor
	Date of birth
	Place of birth (town/city) (state/country)  Sydney New South Wase