



FORM 10A

MATERIAL CHANGE REPORT

By nmar at 5:53:43 pm, 6 Feb 2025

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
GRACEKENNEDY LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
JANUARY 29, 2025

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>GraceKennedy Limited (GraceKennedy/the Company) has announced that it has come to an agreement with Spike Industries Limited to acquire its remaining 30% stake in Catherine's Peak Bottling Company Limited, giving GKL 100% ownership of the company.</p> <p>The transaction, which is subject to customary closing conditions, will see Catherine's Peak Bottling Company Limited, owner of the Catherine's Peak spring water brand, become a wholly owned subsidiary of GraceKennedy.</p> <p>###</p>


4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with Section 64(2) of the Securities Act 2012?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If “No”

Date of Publication of Notice (dd/mmm/yyyy)	31 JANUARY 2025
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If “Yes”


State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	GAIL MOSS-SOLOMON
Position in Organization	GENERAL COUNSEL & CHIEF CORPORATE SECRETARY
Business Address	73 HARBOUR STREET, KINGSTON, JAMAICA, W.I.
Work Phone (1-xxx-xxx-xxxx)	1 876 932-3306
Fax Phone(1-xxx-xxx-xxxx)	1 876 922-3664
Email Address	gail.moss-solomon@gkco.com

6. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

Gail Moss-Solomon  General Counsel &
Chief Corporate Secretary January 30, 2025

Print Name **Signature** **Position** **Date**

FOR OFFICIAL USE ONLY

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : _____ Date (DD/MM/YYYY) _____