

568786

(Requestor's Name)

EVELYN REPPARD JONES
12 ALPINE DRIVE
NEWNAN, GEORGIA 30266

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

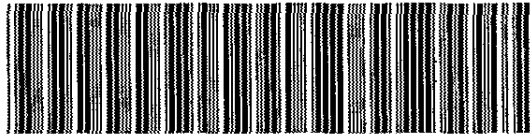
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700078415737

08/07/06--01032--002 **35.00

06 AUG 28 AM 8:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

RA/RD/chs
@ 8.29.06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2006

EVELYN REPPARD JONES
12 ALPINE DRIVE
NEWMAN, GA 30268

SUBJECT: REPPARD GROVES, INC.
Ref. Number: 568786

We have received your document for REPPARD GROVES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 706A00050482

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REPPARD GROVES, INC.

2. The mailing address of the corporation: 14314 Hale Road
Dade City, FL 33523

3. Date of incorporation/qualification: 4/18/78 Document number: 568786

4. The name and address of the current registered agent and office:

Harriet Reppard Evans

14314 Hale Road

Dade City, FL 33523

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

John C. Sullivan, Jr.

2555 Ponce de Leon Blvd., Suite 320

Coral Gables, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Evelyn Reppard Jones

(Signature of an officer, chairman or vice chairman of the board)

8-3-06

(Date)

EVELYN REPPARD JONES, Sec. Treas.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]

(Signature of Registered Agent)

8-3-06

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

FILED
SECRETARY OF STATE
06 AUG 28 AM 8:24