## PH000059163

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ACCOUNT NO. : 072100000032 REFERENCE: 919800 7576516 AUTHORIZATION COST LIMIT ORDER DATE : May 25, 2007 ORDER TIME : 12:0 PM ORDER NO. : 919800-230 CUSTOMER NO: 7576516 CHANGE OF AGENT HUTCHINSON ISLAND IRRIGATION NAME: COMPANY, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: HUTCHINSON ISLAND IRRIGATION COMPANY, INC.	
The principal office address: 200 West Weathersfield Avenue, Altamonte Springs, FL 32714		
3. The mailing a	ddress (if different): 2335 Sanders Road, Northbrook, IL 60062	
4. Date of incorp	poration/qualification: April 6, 2004 Document number: P04000059163	
	d street address of the current registered agent and registered office on file with the trnent of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Transit of State:  C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signar	Joun Statel VP & SECRETARY  (Printed or typed name and title)	
I furthér agrêe of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.  Service Company	
<u>By: ∫</u>	gnature of Registered Agent) 5 - 25 - 07 (Date)	
·	chalf of an entity:	
Sylvia Queppet, AVP		
(*	Typed or Printed Name)	
	* * * FILING FFF. \$25 AA * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314