

P04 000121107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

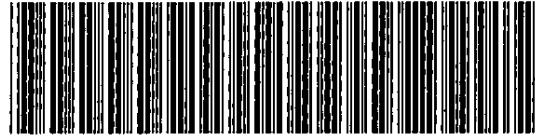
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000079142110

08/28/06--01016--001 **90.00

FILED
06 AUG 28 PM 1:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RA Change

08/30/06

Dr.

TOWN & COUNTRY PATIO AND GARDEN CENTER
C/O TOWN & COUNTRY GARDEN CENTER
659 DANBURY ROAD
WILTON, CT 06897

August 25, 2006

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Amendment – Changing Corporate Name
Statement of Change of Registered Agent's Address

Dear Sir or Madam:

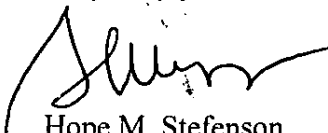
Enclosed are:

1. Amendment Changing Corporate Name
2. Statement of Change of Registered Agent's Address
3. Check to Department of State for \$90 (\$35 per change plus \$10 per copy)

Please file the enclosed documents and return to us a copy of each, for which \$20 is enclosed.

Thank you for your assistance.

Very truly yours,



Hope M. Stefenson
Office Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Town & County Patio and Garden Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000121107

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hope Stefenson

(Name of Contact Person)

Town & Country Garden Center

(Firm/Company)

659 Danbury Road

(Address)

Wilton, CT 06897

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Sachetti

(Name of Contact Person)

at (203)

984-0401

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Town & Country Patio and Garden Center, Inc.
2. The principal office address: 3792 Duellant Road, Loxahatchee, FL 33470
3. The mailing address (if different): c/o Town & Country Garden Center, 659 Danbury Road, Wilton, CT 06897
4. Date of incorporation/qualification: 08/20/04 Document number: P04000121107
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Steven L. Sachetti

13201 West Highway 326

Ocala, FL 34482

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Steven L. Sachetti

3792 Duellant Road

(P.O. Box NOT acceptable)

Loxahatchee, FL 33470

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 28 PM 1:48

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

STEVEN L. SACHETTI, PRESIDENT

(Printed or typed name and title)

*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. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

(Signature of Registered Agent)

8/23/06

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)