

P98000010046

(Requestor's Name)

Gary Warren  
24273 CR 49  
O'Brien, FL 32071

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

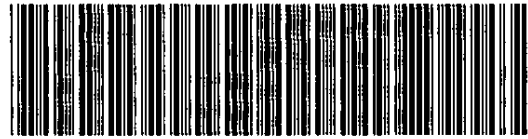
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900184016549

08/06/10--01012--008 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 AUG -6 AM 11:50  
FILED

R.A. Chavez  
C. COULLETTE

AUG 09 2010

EXAMINER

**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: Warren Pine Straw Co. Inc
- 2. The principal office address: 24279 CR 49 O'Brien Florida 32071
- 3. The mailing address (if different): same
- 4. Date of incorporation/qualification: 1-30-1998 Document number: P98000010046
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Tammie Warren 24279 CR 49  
O'Brien Florida 32071  
Resigned

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

Gary Warren 24279 CR 49 O'Brien  
Florida 32071  
 P.O. Box NOT acceptable

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 10 AUG -6 AM 11:50  
 FILED

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.

Gary Warren  
 Signature of an officer or director

Gary Warren  
 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.

Gary Warren  
 Signature of Registered Agent

8-2-10  
 Date

If signing on behalf of an entity:

Gary Warren  
 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