

683448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

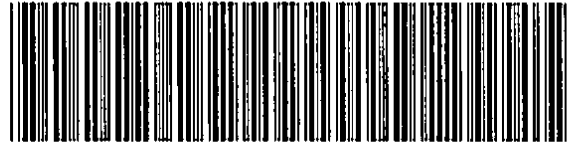
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000307128890

01/02/18--01024--001 **35.00

JAN 04 2018
3:10:10

STATE OF FLORIDA
HALL COUNTY

18 JAN -2 PM 4:34

PAID 37.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBG Farms, Inc.

Name of Corporation

DOCUMENT NUMBER: 683448

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:

Elaine Wood

Name of Contact Person

SBG Farms, Inc.

Firm/Company

111 Ponce de Leon Avenue

Address

Clewiston, FL 33440

City/State and Zip Code

ewood@ussugar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Wood

Name of Contact Person

at (863) 902 - 2125

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: SBG Farms, Inc.
2. The principal office address: 111 Ponce de Leon Avenue
Clewiston, FL 33440
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/8/1980 Document number: 683448

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)

Edward Almeida - Registered Agent

111 Ponce de Leon Avenue

Clewiston, FL 33440

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

Luke Kurtz - Registered Agent

111 Ponce de Leon Avenue

P.O. Box NOT acceptable

Clewiston, FL 33440

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.

Elaine Wood

Signature of an officer or director

Elaine Wood, Secretary, Treasurer

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]

Signature of Registered Agent

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 (03/12)