Red	quester's Name Address	2	30	2	-		
9	? Fertilizer Co.,	Гис.					
410	P. O. BOX 12489 00 GLADES ROAD			fice Use Only			
(FORT PIER	CE, FLORIDA 34979-2489	NT NUN	MBER(S), (if kn		: ::: 95;		
۵∩۵₽Ε	SERVICE REQUESTED			600003426 -10/17/00	01003022 *****35.00		
1(Co	orporation Name)		(Document #)	******70_00	} ************************************		
3.	orporation Name)		(Document #)	ب خالانگفت			
4(Co	orporation Name) Pick up time	- 1	(Document #)	Certified Game			
	_	Dhot/	· · · · · · · · · · · · · · · · · ·	Certificate of Status			
Mail out NEW FILINGS Profit Not for Prof Limited Lial Domesticati Other	it pility	Am Res	DMENTS endment	Officer/Director ed Agent			
OTHER FILINGS Annual Report Fictitious Name		REGIS'	REGISTRATION/QUALIFICATION				
		☐ Lin ☐ Rei	eign nited Partnership nstatement demark ner	PA			
				Examiner's Initials			

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

	e provisions of sections 60. d corporation organized und)8, Florida Statutes,	,
	lowing statement in order to	_		ed agent, or both, in	
1. The name of	the corporation : Diamor	nd R Fertilizer	Co., Inc.		_
2. The mailing	address of the corporation:	4100 Glade	s Rd., Ft. Pierce,	, F1 34981	_
3. Date of inco	rporation/qualification: 7/	12/1943	Document number:	142303	_
4. The name an	d address of the current regi	stered agent and o	ffice:		
	Gary Moor	man			
	4100 Glad	es Rd.			
5. The name an	d address of the new registe	. Box Not Accepta	•	TARY HASSI	
	4100 Glade	s Rd.		of S.	
		, F1 34981		IATE OR THE	
The street addragent, as chang	ess of its registered office a ed, will be identical.	nd the street addre	ess of the business offi	ice of its registered	
Kell	as authorized by resolution he board. Waltham Profession of an officer, chairman or vice chair Bulies SHAU (1)	er.	ts board of directors of the control	r by an officer so //o / O O	
Having been no corporation, I had a light further agree berformance of registered agents for the signing on behalf	imed as registered agent and the areby accept the appointment to comply with the provision my duties, and I am families. A comply with the provision of the area of Registered Agent of the area of t	le) Id to accept service Id to accept service In servic	te of process for the abagent and agree to act elative to the proper of the obligation of my (Date)	pove stated in this capacity. and complete position as	-
——————————————————————————————————————	CHE MAR OVICH Typed or Printed Name)		(Capacity)		

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