

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)	
2.	100003176541 -03/20/0001129015	
(Corporation Name)	(Document #) ******35 <u>III</u> *****35	00
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Walk in Pick up time	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Status	-
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	
☐ Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
☐ Domestication ☐ Other	☐ Dissolution/Withdrawal	
- Oulei	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	☐ Foreign	
☐ Fictitious Name	Limited Partnership	
	Reinstatement II CMG	
	Trademark	`
	U Other	1

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Purzuant-to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Choopee Farms, Inc. 1. The name of the corporation is: 2. The mailing address of the corporation is: PO BOX Waynesville Document number: 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and office: 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable 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. ignature of an officer, chairman or vice chairman of the board) (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) If signing on behalf of an entity: (Typed or Printed Name)

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