

194497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

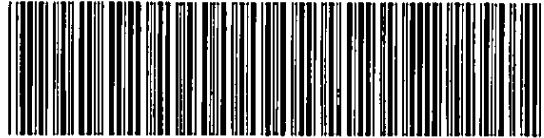
(Business Entity Name)

(Document Number)

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COURT CLERK'S OFFICE

Rt Change

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Chapman Fruit Co., Inc.

Name of Corporation

DOCUMENT NUMBER: 194497

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:

Adrian Calder

Name of Contact Person

Chapman Fruit Co., Inc.

Firm/Company

1075 S. 6th Ave.

Address

Wauchula, FL 33873

City/State and Zip Code

Adrian@chapmanfruit.com

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

For further information concerning this matter, please call:

Adrian Calder

Name of Contact Person

at ( 863 ) 773-3161

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

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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 FL  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Chapman Fruit Co., Inc.  
2. The principal office address: 1075 S. 6th Ave. Wauchula, FL 33873  
\_\_\_\_\_  
3. The mailing address (if different): PO Box 366 Wauchula, FL 33873  
\_\_\_\_\_

4. Date of incorporation/qualification: 7/11/1956 Document number: 194497

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)

Martin & Martin, P.A. Snow Martin Resigned

200 Lake Morton Drive, Ste. 200

Lakeland, FL 33801

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

Straughn & Turner, P.A. Mark Turner

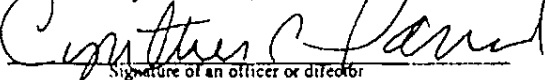
255 Magnolia Ave. S.W.

P.O. Box NOT acceptable

Winter Haven, FL 33880

The street address of its registered office and the street address of the business office of its registered agent  
as changed will be identical.

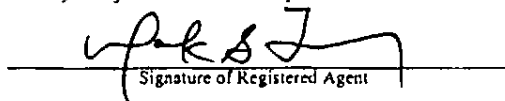
Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Cynthia C. Parrish

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

10/10/2019

Date

If signing on behalf of an entity:

MARK TURNER

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

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