221753

,	
(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:	





400138721024

12/15/08--01024--017 **35.00

PILED

08 DEC 15 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE F

My Hon

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Bryan Groves, Inc. (Name of Corporation)	on)	
DOCUMENT NUMBER: 221 753	·	
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:		
Christine Bryan Waters (Name of Contact Person)		
(Name of Contact Person)		
Bryan Groves, Inc. (Firm/Company)		
(Firm/Company)		
P.O. Box 367 / 245 Wes Mann Rd. (Address)		
(,		
Babson Park, FL 33827		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Christine Bryan Waters at ((Name of Contact Person) (A	863) 638-0924 Area Code & Daytime Telephone Number)	
(
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
•	Tallahassec, 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: Bryan Groves, Inc.
2. The principal office address: 245 Wes Mann Rd.,
Babson Park, FL 33827
3. The mailing address (if different): P.O. Box 367
Babson Park, FL 33827
4. Date of incorporation/qualification: 1959 Document number: 22/753
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)
Christine Bryan Waters
2301 ABC Rd.
Lake Wales, FL 33859
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Christine Bryan Waters
245 Wes Mann Rd., (P.O. Box NOT acceptable)
245 Wes Mann Rd., (P.O. Box NOT acceptable)
Babson Park, FL 33827
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 corrector) ANSEL BUHRMAN (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.
Christine B. Waters 12/10/2008 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
CHRISTINE B. WATERS (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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