

237081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

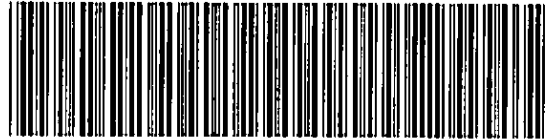
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF IOWA
TALL GRASS
10-10-19

NOV 21 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Growers Hardware & Supply Co, Inc.**
Name of Corporation

DOCUMENT NUMBER: **237081**

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:

Dana G. Toole
Name of Contact Person
Growers Hardware & Supply Co., Inc
Firm/Company
14622 US Highway 319 North
Address
Thomasville, GA 31792
City/State and Zip Code
dana@danatoole.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana G. Toole at **850 251-3123**
Name of Contact Person 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: Growers Hardware & Supply Co, Inc.
2. The principal office address: 1646 Alligator Point Drive, Unit 326, Alligator Point, FL 32346
3. The mailing address (if different): 14622 US Highway 319 North, Thomasville, GA 31792
4. Date of incorporation/qualification: 5/31/1960 Document number: 237081
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)

resigned

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

Melville Brinson

8359 Stringfellow Road

P.O. Box NOT acceptable

St James City, FL 33956

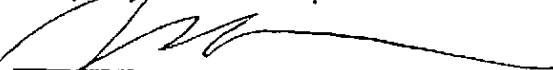
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Dma Todd President
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

Oct 2, 2019
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)

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TALLAHASSEE, FLORIDA