

Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Butler's Dairy, Inc. Employer Identification No. 59-1088729 Document No. 290886

600004478126---2 -07/16/01--01118--001 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Gentlemen:

Enclosed you will find a completed Statement of Change of Registered Agent Form, along with a check in the amount of \$35.00.

Please change the Registered Agent and send confirmation to me at my Coral Gables office. Should you have any questions, please do not hesitate to call.

EPG/ms

## 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, 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.

1. The name of the corporation : Butler's Dairy, Inc.

2. The mailing address of the corporation : \_\_\_\_\_ST\_RD. 721 at Butler Dairy Rd, PO Box 477

Okeechobee, FL 34973

3. Date of incorporation/qualification: <u>March 16, 1965</u> Document number: 290886

4. The name and address of the current registered agent and office:

Robert K. Butler

477 SW 24th Ave

Okeechobee, FL 33474

5. The name and address of the new registered agent (if changed) and/or registered office (if changed); (P. O. Box Not Acceptable)

Mildred T. Butler

477 SW 24th Ave

Okeechobee, FL 33474

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.

Signature of an officer, chairman or vice chairman of the board)

<u>7-9-01</u>

Mildred T. Butler, Secretary (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.

<u>7-9-01</u>

If signing on behalf of an entity:

Mildre.d Typed or Printed Name)

(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314