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To:

Division of Corporations

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From:

Account Name

: EUGENE A. WIECHENS, P.A.

Account Number :

120010000161

Phone.

(352)732-8622

Fax Number

(352)732-1162

REGISTERED AGENT CHANGE

HERITAGE FLOWERS, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FLORIDA	2	
		istered agent, or both, in the State of Florida.		
1. The name of	the corporation; HERITAGE FLOWER	ss, INC.		
2. The principal	4004 0 !! 401			4.0
	Ocala, Florida 3447	4		
3. The mailing s	address (if different);			<u></u> -
4. Date of incom	poration/qualification: 9/1/71	Document number: 387518		
	I street address of the current registered riment of State:	d agent and registered office on file with the		
	C. Lavar Sparkman	(
	10688 Southeast 134th Street	1		
	Ocklawaha, Florida 32179		Em.	40
6. The name and (if changed):	I street address of the new registered a	ent (if changed) and /or registered office	LAMA	SEP 1
	Robert H. Parrish	<u> </u>	32.5	
	1051 Southwest 6th Avenue		F _S	2 HG
	(P.O. Box NOT accepts	ble) .	SET	2: 42
	Ocala, Florida 34474	<u> </u>	N N	N
The street address changed will	ess of its registered office and the stre be identical.	tet address of the business office of its registered	l agent,	
Such change was authorized by th	ns authorized by resolution duly adoptive board, or the corporation has been	an officer so notified in writing of the change.		
Holer	the of an officer or director;	ROBERT H. PARRISH, President (Printed of typed name and time)	 ,	
(hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all si d I am familiar with and accept the a ng filed merely to reflect a change in been notified in writing of this chang	and agree to act in this capacity, patrites relative to the proper and complete perfo bligation of my position as registered agent. Or the registered office address, I hereby confirm t ge.	rmance r, if this hat the	
X Flux	4-Th Property	9/15/04		
If signing on be	matter of Registered Agent) half of an entity;	(Daire)	 -	
(T	ypad of 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 * * *