

416298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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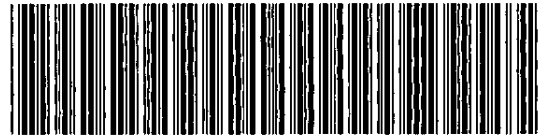
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 MAR 28 PM 4:17

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@ 3/28/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2008

OLGA L. SALAMANCA  
RIVERDALE FARMS INC  
1401 NW 84 AVE  
MIAMI, FL 33126

SUBJECT: RIVERDALE FARMS INC  
Ref. Number: 416298

We have received your document for RIVERDALE FARMS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 808A00018334

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RIVERDALE FARMS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** 416298

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:

OLGA L. SALAMANCA  
(Name of Contact Person)

RIVERDALE FARMS INC  
(Firm/Company)

1401 NW 84 AVE, MIAMI, FL 33126  
(Address)

MIAMI, FL 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA L. SALAMANCA at ( 305 ) 592-5760 Ext. 131  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: RIVERDALE FARMS INC
- 2. The principal office address: 1401 NW 84 AVE, MIAMI, FL 33126
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01-08-1973 Document number: 416298
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SEGAL, MIKE  
MIAMI CENTER-SUITE 3000  
201 SOUTH BISCAYNE BLVD, MIAMI, FL 33131

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

OLGA L. SALAMANCA  
1401 NW 84 AVE, MIAMI, FL 33126  
(P.O. Box NOT acceptable)

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 08 MAR 28 PM 4: 17

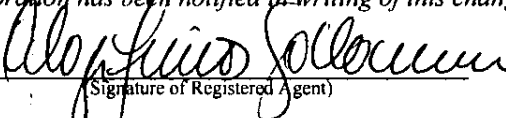
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

LUIS H. BALCAZAR  
 \_\_\_\_\_  
(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)

03-19-2008  
 \_\_\_\_\_  
(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