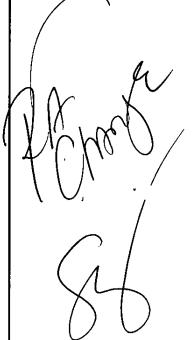
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	
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COVER LETTER

TO: Amendment Se Division of Cor	ction porations		
SUBJECT:	NAUGLES NUF	RSERY INC	
	Name of C	Corporation	
DOCUMENT NUMBI	ER:	435851	
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are submit	tted for filing.
Please return all corresp	ondence concerning this matte	er to the following:	
		A OWENS	
-	Name of Co	ontact Person	
	Firm/C	ompany	
	5001 SV	V 82 AVE	
	Ado	dress	
	DAVIE,	FL 3 <u>3328</u>	
	City/State a	nd Zip Code	
	NAUGLESNURS	FRY@AOLCOM	
E-m	nail address: (to be used for		ication)
For further information	concerning this matter, please	call:	
MICHA	AEL A OWENS	954	434 7300
	Contact Person	at (954_) Area Code & Dayti	me Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depar	rtment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment So	oction
	Division of Corporations	Amendment So Division of Co	<u>-</u> '
	P.O. Box 6327	Clifton Buildin	-
	Tallahassee, FL 32314	2661 Executiv	e Center Circle
		Tallahassee, F	L 32301

TO:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainge is submitted for a corporation organized under the laws of the State of \overline{FL}		
	r to change its registered office or registered agent, or both, in the State of Flor		
1. The name of t	the corporation; NAUGLES NURSERY INC		
	office address: 5001 SW 82 AVE DAVIE, FL 33328		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 1973 Document number:	435851	
	I street address of the current registered agent and registered office on file with tement of State: (If resigned, enter resigned)	the	
	RICHARD C NAUGLE, SR (DECEASED)		
	5001 SW 82 AVE	t~	
	DAVIE, FL 33328		1 2 - 4 - 4)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	※素 つ	2 mm
	MICHAEL A OWENS	PH I2:	Ç
	5001 SW 82 AVE		
	P.O. Box NOT acceptable	4	
	DAVIE, FL 33328	, ,	
The street addre as changed will	ess of its registered office and the street address of the business office of its r be identical.	egistered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so	
////	MICHAEL A OWENS,	PRES	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	ete performance agent. Or, if this confirm that the	
Sign	MICHAEL A OWEN Date MICHAEL A OWEN	<u> 1S</u>	
If signing on be	half of an entity:		
Ту	ped 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 (8/05)