## 511892

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(City/State/Zip/Phone #)				
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## TRANSMITTAL LETTER

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TO:	Amendment Section Division of Corporations		
SURIE	CT: COUNTRY ACRES, INC.		
CODOL	(Name of corporation)		100
DOCU	MENT NUMBER: 511892		
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing	<b>}.</b>	~ *;
Please r	return all correspondence concerning this matter to the following:		
	Alan R. Jean		
	(Name of person)		**
<u>:</u>	JIM JEAN REAL ESTATE		
	(Name of firm/company)		
P.6	O. BOX 357880 (Address)		<del></del> .
	(Address)		
9	GAINESVILLE, FL 32635		_
	(City/state and zip code)		
For furt	ther information concerning this matter, please call:		
ALAN	R. JEAN at (352 ) 372.5326  (Name of person) - (Area code & daytime		<del></del>
	(Name of person) (Area code & daytime	tetepnone nur	nbery
Enclose	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporatP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 323	ions	

CR2E045(09/03)

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 Statutes tted for a corporation organized under the laws of the State of FLORIDA	s, this statement of in order
	istered office or registered agent, or both, in the State of Florida.	in Order
	he corporation: COUNTRY ACRES, INC.	
	office address: 4131 NW 28TH LANE, SUITE #1, GAINESVILLE, FL 32606	j2
2. The principal	Office address. The travel of the #1, Onlive of the 1, 12 32000	
3. The mailing ac	ddress (if different): P.O. BOX 357880, GAINESVILLE, FL 32635	
4. Date of incorp	oration/qualification: 9/7/1976 Document number: 511892	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:	
	JIM JEAN	<del></del>
	412 NE 16TH AVE, SUITE 45	
	GAINESVILLE, FL 32601	1817
6. The name and (if changed):	The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	JIM JEAN	2 AM RY OF SSEE.
	4131 NW 28TH LANE, SUITE 1	F ST FLO
	(P.O. Box or personal mailbox NOT acceptable)	REF. OF
	GAINESVILLE, FL 32606	<del></del> .
The street address changed will be	ss of its registered office and the street address of the business office of its registidentical.	tered agent, as
	s authorized by resolution duly adopted by its board of directors or by an officer corporation has been notified in writing of the change.	
. \	JUM JEAN, PRESIDENT	
I hereby accept t I further agree to duties, and I am being filed mere been notified in t	comply with the provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provision with and accept the obligation of my position as registered agent. Or, to reflect a change in the registered office address, I hereby confirm that the change of this change.    Complete the proper and complete provision as registered agent. Or, to reflect a change in the registered office address, I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address, I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address, I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address. I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address. I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address. I hereby confirm that the change of the proper and complete provision as registered agent. Or, to reflect a change in the registered office address. I hereby confirm that the change in the registered agent is a change of the provision as the p	artarnana et mi
	(Typed or Printed Name) (Capacity)	<del></del> _

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314