515332

(R	equestor's Name))			
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					
L					

Office Use Only



300290505203

09/23/16--01021--003 **35.00

16 SEP 23 PH 2: 32
SECRETARY SECRETARY

SEP 2 7 2016
R. WHITE

COVER LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT: Redbud Enterprises, Inc.

Name of Corporation

DOCUMENT NUMBER:

515332

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:

Bonnie S.Green

Name of Contact Person

Darby Peele & Green, PLLC

Firm/Company

285 NE Hernando Avenue

Address

Lake City, FL 32055

City/State and Zip Code

bonniegreen@darbypeele.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie S. Green

...386

752-4120 ext. 104

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

statement of change	is submitted	for a corporation org	502, 607.1508, or 617.1508, anized under the laws of the istered agent, or both, in the	State of Florida
1. The name of the c	-	Redbud Enterp	_	v
2. The principal office	• -	1435 NE CR 25	5A	
		Lake City, Flori	da 32055	
3. The mailing addre	ess (if differe	_{nt):} P. O. Box 1	118	
	.	Lake City, F	L 32056-1118	
4. Date of incorporat	tion/qualifica	ntion: 09/29/1976	Document number:	515332
5. The name and stre	eet address of		d agent and registered office	on file with the
	S. Austir	n Peele (decea	sed)	
	327 N. I	Hernando St.		
	Lake Ci	ty, FL 32055		——————————————————————————————————————
6. The name and stre (if changed):	eet address of	f the new registered a	gent (if changed) and /or reg	istered office: 2
Bo	onnie S. G	areen		ω ;=- υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ
28	285 NE Hernando Avenue			
	285 NE Hernando Avenue P.O. Box NOT acceptable			
La	ike City, F	-L 32055	-	
The street address of as changed will be i	of its register identical.	ed office and the stre	et address of the business of	ffice of its registered agent,
Such change was au authorized by the bo	itho rized by	resolution duly adop corporation has been	ted by its board of directors notified in writing of the characteristics.	or by an officer so ange.
Signature of	an officer or direct	etor	Steven H. Nail, V	
I further agree to co performance of my	omply with th duties, and I	he provisions of all st am familiar with and	and agree to act in this cape atutes relative to the proper I accept the obligation of m eflect a change in the registe I in writing of this change.	r and complete v nosition as registered
Bonne.	SIM	een	September 21, 20	016
Signature	of Registered A	gent	Date	2
If signing on behalf	of an entity:			
Tuned (or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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