520679

(Requestor's Name)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TO MAR 19 PH 12: 40



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJECT: A & G CATTLE CORPORATION Name of Corporation						
DOCU	JMENT NUMBER:	52	0679			
The en	closed Statement of Change	of Registered Office/A	gent and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to the following:						
	•	<u> </u>	J			
	TOM W. CONELY, III					
		Name of Contac	et Person			
	CONELY & CONELY, P.A.					
		Firm/Comp	pany			
		DO DDAWE	TD 4067			
		P.O. DRAWE				
		rudi es.	•			
	OKEEOHOREE EL 24072 1267					
	OKEECHOBEE, FL 34973-1367 City/State and Zip Code					
·						
	TCONELY@CONELYAND CONELY.COM					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	AVENA-LYN SN	ЛІTH ,	at (<u>863</u>)	269-2443		
	Name of Contact Pe	rson	Area Code & Daytin	ne Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.						
	P.O. Box	nt Section of Corporations	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassec, FL	porations g Center Circle		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 unge is submitted for a corporation organized under the laws of the or to change its registered office or registered agent, or both, in th	ne State of FLORIDA
1. The name of t	the corporation: A & G CATTLE CORPORATION	
2. The principal	office address: 14015 NW 144TH TRAIL, OKEECHOB	EE, FL 34972
3. The mailing a	ddress (if different): P.O. BOX 785, OKEECHOBEE, FL	34973-0785
4. Date of incorp	poration/qualification: 12/21/1976 Document number	r:520679
	I street address of the current registered agent and registered officement of State: (If resigned, enter resigned)	e on file with the
	ROSALIND G. SMITH	
	14015 NW 144TH TRAIL	
	OKEECHOBEE, FL 34972	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or re	gistered office 12 MAR 19 PM 12: 40
	AVENA-LYN SMITH	——————————————————————————————————————
	14015 NW 144TH TRAIL P.O. Box NOT acceptable	
	OKEECHOBEE, FL 34972	2: 40
The street addre	ess of its registered office and the street address of the business be identical.	,.
=	as authorized by resolution duly adopted by its board of directors board, or the corporation has been notified in writing of the	
Manatur	e of an officer or director Printed or typ	A-LYN SMITH
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this ca to comply with the provisions of all statutes relative to the prop d I am familiar with and accept the obligation of my position a ng filed merely to reflect a change in the registered office addr been notified in writing of this change.	spacity. ier and complete performance is registered agent. Or, if this ess, I hereby confirm that the
Wasign		CH 16, 2012
If signing on bel	half of an entity:	
Ту	ped or 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 * * *