

634808

(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  
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I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Flowering Tree Growers, Inc  
Name of Corporation

DOCUMENT NUMBER: 634808

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:

Dayne Jones  
Name of Contact Person

Flowering Tree Growers, Inc  
Firm/Company

18010 Lookout Hill Rd  
Address

Winter Garden, FL 34787  
City/State and Zip Code

dayne@gate.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dayne Jones at ( 407 ) 421 3082  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2015

LISA JONES  
FLOWERING TREE GROWERS, INC.  
18010 LOOKOUT HILL RD  
WINTER GARDEN, FL 34787

SUBJECT: FLOWERING TREE GROWERS, INC.  
Ref. Number: 634808

We have received your document for FLOWERING TREE GROWERS, 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 615A00012198

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**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Flowering Tree Growers, Inc  
2. The principal office address: 18010 Lookout Hill Rd  
Winter Garden FL 34787  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 9/4/1979 Document number: 634808

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dayne Jones  
12412 Summerport Ln  
Windermere FL 34786

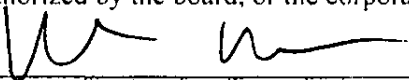
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dayne Jones  
18010 Lookout Hill Rd  
P.O. Box NOT acceptable  
Winter Garden FL 34787

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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

Dayne Jones  
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

6-17-15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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