The Botanical Gardens Nursery 19110 KROME AVE. MIAMI, FLORIDA 33187

300004617393---3 -10/01/01--01028--008 *****70.00 ******35.00

Office Use Only

CORPORATION NAME(S)	& DOCUMENT	NUMBER(S).	(if known)	١.
CURPURATION NAME(S)	& DOCUMENT	MOMBER(3)	(II KIIOWII)	,,

1. (Corporation Name)	(Document #)	
2(Corporation Name)	(Document #)	SECOND -
3(Corporation Name)	(Document #)	ANSWELLED MASSEELE
4(Corporation Name)	(Document #)	FLORE D
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Of Change of Registered A Dissolution/Withdrawal Merger	gent
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALI Foreign Limited Partnership Reinstatement Trademark Other	FICATION LEWIS OCT 4 2001
CR2E031(7/97)	Ex	xaminer's Initials

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,	
the undersigned corporation organized under the laws of the State of Hori Da submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	
1. The name of the corporation: The BOTANICAL GARDENS NURSERY, INC.	
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2. The mailing address of the corporation: 19120 Krome avenue	
Meanie, Fl. 33187	
3. Date of incorporation/qualification: 07/07/1980 Document number: 677661	
4. The name and address of the current registered agent and office:	-
CARRIE S. LAVARGNA	
9250 S.W. 83 ST.	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
CARRIE S. LAVARGNA	
345 S.W. CORNELL AVENUE	
PARM City, PL. 34990	
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.	
9/7 /01	
(Signature of an diffice), chairman or vice chairman of the board) (Date)	
ANTHONY LAVARENA, PRES.	~
truning heave regreed as received as the state of the sta	
corporation, 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.	
registered agent.	٠.
(au Laneyn 8/23/01	
(Signature of Registered Agent) (Date) f signing on behalf of an entity:	
A DISTURBED ON CONTROL OF ALL CHILITY.	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS