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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_	Florida Sugar Cane League, Inc.	
	Name of Corporation	
DOCUMEN	NT NUMBER:	

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:

Robert Coker Name of Contact Person Florida Sugar Cane League, Inc. Firm/Company 401 South W.C. Owen Avenue Address Clewiston, FL 33440 City/State and Zip Code

rcoker@ussugar.com

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

For further information concerning this matter, please call:

Robert Coker at 863 902-2461

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 cha	nge is submitted	d for a corporation organ	02, 607.1508, or 617.1508, Florida nized under the laws of the State of ered agent, or both, in the State of	F Florida	_
1. The name of t	he corporation:	Florida Sugar Ca	ne League, Inc.		
2. The principal	office address:	401 South W.C. C	Owen Avenue		
		Clewiston, FL 334			
3. The mailing a	ddress (if differ	rent): Same	<u></u>		
4. Date of incorp	ooration/qualific	cation: 8/18/1964	Document number: 7077	11	
		of the current registered a	agent and registered office on file ved)	with the	
	Edward Al	meida - Registered	d Agent		
	111 Ponce	e de Leon Avenue		_	
	Clewiston,	FL 33440			
6. The name and (if changed):	street address	of the new registered age	nt (if changed) and /or registered o	office:	17
	Luke Kurtz	z - Registered Age	nt	్, = ఉప	! [T:
	111 Ponce	e de Leon Avenue		AM 10: 38	
	Clewiston,	PO Box NOT FL 33440	ГассершЫе	_ * : :	
The street addre as changed will	ss of its registe be identical.	ered office and the street	address of the business office of i	its registered ago	ent,
Such change wa authorized by the	s authorized by le board, or the	v resolution duly adopted corporation has been no	t by its board of directors or by an tified in writing of the change.	officer so	
A STATE			Robert Coker, Director		_
I hereby accept I further agree t performance of agent. Or, if thi	o comply with my duties, and s document is l	nt as registered agent an the provisions of all state I am familiar with and a	Printed or typed name and to d agree to act in this capacity, utes relative to the proper and co- iccept the obligation of my position ect a change in the registered offi in writing of this change.	mplete on as registered	
Sign	nature of Registered.	Agent	Date		_
If signing on bel	half of an entity	y:			
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 * * *