(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	f)
_	
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(Business Entity Name	·) .
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COVER LETTER

TO:	Amendment S Division of C	Section forporations				
SUBJ	ECT:	Florida Fruit & Vege	etable Association			
		Name of	Corporation			
DOC	UMENT NUM	BER:	790555			
The er	nclosed Stateme	ent of Change of Registered Off	ice/Agent and fee are sub	mitted for filing.		
Please	return all corre	espondence concerning this mat	ter to the following:			
		Michae	el J. Stuart			
	_		Contact Person			
			egetable Association			
		Firm/	Company			
		000 Tf-l	O-114 Dult- 200			
	_		Court, Suite 200			
		T.V.	101033			
		Maitland	. FL 32751			
	Maitland, FL 32751 City/State and Zip Code					
		mike stuar	t@ffva.com	·		
	E	-mail address: (to be used for	future annual report no	otification)		
For fu	rther information	on concerning this matter, please	e call:			
	Mi	chael J. Stuart	at (321)	214-5200		
	Name	of Contact Person	Area Code & Da	214-5200 Lytime Telephone Number		
Enclos	sed is a \$35.00	check made payable to the Depa	artment of State.			
		Mailing Address: Amendment Section	Street Addre	<u>ess:</u>		
		Amendment Section Division of Corporations	Amendment Division of			
		P.O. Box 6327	Clifton Buil	Corporations		
		Tallahassee, FL 32314		tive Center Circle		
		· · · · · · · · · · · · · · · · · · ·	Tallahassee			

\$TATEMENT 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 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of Flori ar to change its registered office or registered agent, or both, in the State of Flori	rida
1. The name of	the corporation: Florida Fruit & Vegetable Association	
2. The principal	office address: 800 Trafalgar Court, Suite 200	
Maitland,	FL 32751	
_	nddress (if different): P.O. Box 948153 I, FL 32794	
4. Date of incor	poration/qualification: 02/02/1948 Document number:	790555
	d street address of the current registered agent and registered office on file with the trument of State: (If resigned, enter resigned)	ne 0.0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Michael J. Stuart	SEL
	4870 Red Brick Run	2 53
	Sanford, FL 32771	PH(
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	O9 SEP 21 PHI2: 50
	Michael J. Stuart	
	800 Trafalgar Court, Suite 200	
	P.O. Box NOT acceptable	
	Maitland, FL 32751	
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so
Signatu	Alan E. Hair, CFO Printed or typed name and title	
I hereby accept I further agree of my luties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby continued in writing of this change.	ete performance gent. Or, if this onfirm that the
July	September 14, 2009	9
/ (chalf of an entity:	
	Michael J. Stuart Typed or Printed Name	

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