

710559

Florida Department of State
Division of Corporations
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((H08000130623 3)))



H080001306233ABCX

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : WHWW, INC.
Account Number : I20060000124
Phone : (407) 246-6584
Fax Number : (407) 645-3728

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 15 AM 9:48

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

FLORIDA CITRUS MUTUAL FOUNDATION, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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TS
5/16/08

H08000130623 3

**Articles of Amendment
to
Articles of Incorporation
of**

Florida Citrus Mutual Foundation, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

790559

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Florida Citrus Mutual, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

H08000130623 3

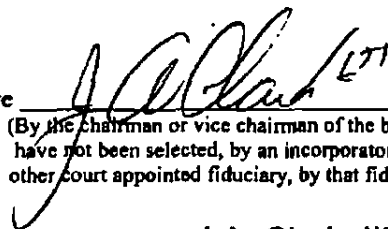
The date of adoption of the amendment(s) was: 01/09/08

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

J.A. Clark, III

(Typed or printed name of person signing)

President

(Title of person signing)

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H080001313813ABCZ

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : REYNALDO H. GRINSTEIN
Account Number : I20040000171
Phone : (904) 779-2777
Fax Number : (904) 779-5088

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REGISTERED AGENT CHANGE

ROQUE GARCIA CARPET CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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5/16/08
10:00
5/16/08

4 JAMES R. G.
(Address)
JACKSONVILLE, FL 32210
(City/State and Zip Code)

Information concerning this matter, please call:
JO GRINSTEIN
(Name of Contact Person) at (904) 779-2777
(Area Code & Daytime Telephone Number)

No 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

680001313813)))

((H080001313813))

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: ROQUE GARCIA CARPET CORP.
2. The principal office address: 1117 STYNDALL PKWY LOT 40
PANAMA CITY FL. 32404
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01-22-2004 Document number: P04000018252

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALL FLORIDA FIRM INC
813 DELTONA BLVD ST A
DELTONA FL 32725

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

REYNALDO GRINSTEIN
2631-A JAMES A.
(P.O. Box NOT acceptable)
JACKSONVILLE FL 32210

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.

ROQUE GARCIA C
(Signature of an officer or director)

ROQUE GARCIA C PRESIDENT
(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]
(Signature of Registered Agent)

05/16/08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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