	Entity Name	MENT # 812149 EY GROWERS (A COOPERAT	TIVE ASSOCIATION)		See	cretary	00 8:00 of Stat	an e	
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Sulte, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Oity & State Oity & State 4. FEI Number A Zip Country Zip Country S. Certificate of Status Desired SR.75 A. State Image: State State State State State City & State Country S. Certificate of Status Desired State State CC CORPORATION SYSTEM Street Address of New Registered Agent Name Name C1200 S. PIRE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Porida. SIGNATURE Stipulate speed or precedment of registered agent and its 1 specialte (MOTE Registered Agent spectare manuel allows mediating) DATE SIGNATURE PLE NOW: PLE Els Sei 125 State of correct name of registered agent and its 1 specialte (MOTE Registered Agent spectare manuel allows mediating) DATE 10. OFFICERS AND DIRECTORS 11. ADDIVINS/CHANGES TO OFFICERS AND DIRECTORS I City Cf Elegisteria agents of correct name of registered agent of rest agences City Cf Elegiste Special Advice To Change Change). Box 5580 (/ N Ramon Ca	(ATTN: TAX DEPT.)	P.O. BOX 5580 (ATTN: TA) SAN RAMON CA 94583-058	x dept.)		NARTO TABON MATA OFFICE (MI	n manda nimer nende nende ne		
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Style Status 94-0934140 1 Zip Country 5. Certificate of Status Desired \$82.75 A, ere Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CC CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33224 City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the state of Florida. SideAture City FL Zip Co 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the state of Florida. SideAture Office City FL Zip Co SiGNATURE			Suite, Apt. #, etc.						
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CITY-ST-ZIP SAN RAMON CA 94583-0587 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); Florida Statutes. I further certify that the indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or the corporation of the true and accurate and the same legal effect as if made under oath; that I am an office of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or the corporation of the true and accurate and the same legal effect as if made under oath; that I am an office of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or the receiver or trustee empowered to execute the second trustee empower empowered to execute the second trustee empowered to execute the second trustee empowered to execute the secon	D. TILE TY-ST-ZIP ST-ZIP TILE TY-ST-ZIP S	FILE NOW: FEE IS \$61.25 OFFICERS AND DIF PCEO SHAW, JEFFREY 12667 ALCOSTA BOULEVARD SAN RAMON CA 94583-0587 D1VC BAINS, JASWANT S 12667 ALCOSTA BOULEVARD SAN RAMON CA 94583-0587 D2VP THOMAS, A.R. TOM 12667 ALCOSTA BOULEVARD SAN RAMON CA 94583-0587 D CIKER, CARL 12667 ALCOSTA BOULEVARD SAN RAMON CA 94583-0587 D HEMLY, DOUG 12667 ALCOSTA BOULEVARD SAN RAMON CA 94583-0587 D SCHLINDWEIN, JAMES A 12667 ALCOSTA BOULEVARD	9. Election Campaig Trust Fund Contrit RECTORS	In Financing bution. □ 11. TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAM VICE PRESIDENT ALCHARD L.CC ILCET ALCOST SAN RAMON, CI DIRECTOR JIM SALISBUI ILGET ALCOS SAN RAMON, CI DIRECTOR JIM SALISBUI ILGET ALCOS	Depa VGES TO OFFICEAS - FINANCE A BORN A BLUD A 94583-05 A 94583-05 A 94583-05 A 94583-0 A 94583-0 A 94583-0 A 94583-0 A 94583-0 A 8600. A 94583-0	Check Payable for artment of State SAND DIRECTORS I Change S&7 Change		

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