

# A93000000629

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

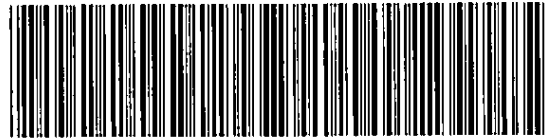
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** STATEMENT OF CHANGE OF RA

1. **PACIFIC TOMATO GROWERS, LTD.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PACIFIC TOMATO GROWERS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A93000000629

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT SALTSMAN

Contact Person

ROBERT P. SALTSMAN, P.A.

Firm/Company

PO BOX 2146

Address

WINTER PARK, FL 32790

City, State and Zip Code

JUDY@SALTSMANPA.COM

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

For further information concerning this matter, please call:

ROBERT SALTSMAN

at (407) 647-2899

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PACIFIC TOMATO GROWERS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/15/1993

Date of filing/registration in Florida

3. A93000000629

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BILLY L. HELLER, JR.

Name

503 10TH STREET WEST

Address

PALMETTO, FL 34221

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

PAUL HOKER

Name

503 10TH STREET WEST

Florida street address (P.O. Box not acceptable)

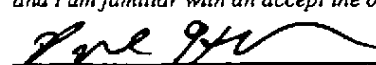
PALMETTO FL 34221

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of General Partner

*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 obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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