

FOI000002786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

8-26-08



500134409255

08/14/08--01021--014 \*\*35.00

RA  
Chm  
Sj

FILED  
2008 AUG 25 AM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



May 24, 2007

Division of Corporations  
Florida Department of State  
Clifton Building  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Alico, Inc.

Dear Filing Officer:

Please file the attached change of agent forms for the listed companies. Enclosed please find checks for the requisite fees. Please return evidence of filing to my attention via regular mail.

Agri-Insurance Company, Ltd.  
Alico Land Development Inc.  
Alico Plant World, L.L.C.  
Alico, Inc.  
Alico-Agri, Ltd.  
Bowen Brothers Fruit, LLC

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

A handwritten signature in cursive script that reads "Denise Bell".

Denise Bell  
Senior Corporate Specialist

Encl.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2008

NATIONAL CORPORATE SERVICES, LLC  
C/O DENISE BELL  
16055 SPACE CENTER BLVD, SUITE 235  
HOUSTON, TX 77062

SUBJECT: AGRI-INSURANCE COMPANY, LTD.  
Ref. Number: F01000002786

We have received your document for AGRI-INSURANCE COMPANY, LTD. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 108A00046543

RECEIVED  
2008 AUG 25 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 Bermuda in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Agri-Insurance Company, Ltd.
2. The principal office address: 44 Church Street, Hamilton HM HX BM
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/21/2001 Document number: F01000002786
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John R. Alexander  
640 South Main Street  
La Belle, FL 33935

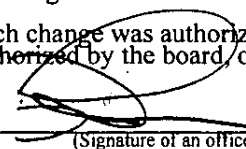
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

**FILED**  
2008 AUG 25 AM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

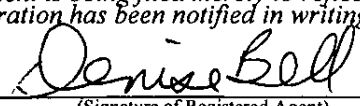
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

Patrick W. Murphy, CFO  
(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 of Registered Agent)

8-19-08  
(Date)

If signing on behalf of an entity:

Denise Bell, Asst. Secy - National Registered Agents, Inc.  
(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)