F47634

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Galloway Färm Nursery, Inc.

DOCUMENT NUMBER: F47634

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

Please return all correspondence concerning this matter to the following:

Eric W. Sulzberger

Name of Contact Person

Law Offices of Sulzberger & Sulzberger

Firm/Company

1090 Kaիe Concourse, Suite 201

Bay Harbor Islands, FL 33154

City/State and Zip Code

eric@sulzbergerlaw.com

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

For further information concerning this matter, please call:

Eric W. Sulzberger

M SER S M 22

Name of Contact Person

305 ,865-8631
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		s 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this
		a corporation organized under the laws of the State of Florida ered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Gal	loway Farm Nursery, Inc.
2. The principal	office address: 779	0 SW 87th Avenue, Miami, Florida 33173
3. The mailing a	ıddress (if different):	
		
4. Date of incor	poration/qualitication	10/07/1981 Document number: F47634
5. The name and Florida Depart	d street address of the rtment of State: (If re	current registered agent and registered office on file with the signed, enter resigned)
	Mary Ann Sen	a a
	11127 SW 154	th Court
	Miami, FL 331	96
6. The name and (if changed):	I street address of the	new registered agent (if changed) and /or registered office
	Eric W. Sulzbe	rger S G
	1090 Kane Co	ncourse, Suite 201
		P O Box NOT acceptable
	Bay Harbor Isa	inds, FL 33154
		ffice and the street address of the business office of its registered agent.
Such change wa	s authorized by resol te board, or the corpo	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
<u> Yahu</u>	ra V ly	PATRICIA D. KYLE, President
l hereby accept Liturbér accept	the appointment as	Ponied of typed name and title egistered agent and agree to act in this capacity. divisions of all statutes relative to the proper and complete dimiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
Gul	ature of Registery's Agent	9/1/17 Date
If signing on bel	nalf of an entity	
Ту	ped 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 (03/12)