

614502

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(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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APR 30 2019

D. CUSHING

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

1. The name of the corporation: BOWEN FARMS, INC.
2. The principal office address: 1502 LAKEWOOD DRIVE, BAINBRIDGE, GA 39819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/21/1982 Document number: G14502

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JUDITH S. MAXWELL

1502 LAKEWOOD DRIVE

BAINBRIDGE, GA 39819

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

W. CRIT SMITH

3520 THOMASVILLE ROAD - 4TH FLOOR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32309

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.

Judith S. Maxwell
Signature of an officer or director

JUDITH S. MAXWELL, DIRECTOR

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.

W. Crit Smith
Signature of Registered Agent

4-10-2019

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 (03/12)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
APR 10 2019