Division of Corpor

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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: GREEN SCHOENFELD & KYLE LLP

Account Number : I2000000177

: (941)936-7200

Phone Fax Number

: (941)936-7997

## REGISTERED AGENT CHANGE

DAVID C. BROWN BEEFMASTERS, INC.

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

	e provisions of sections 607.0502, 6. I corporation organized under the la	17.0502, 607.1508, or 617.1508, Florida Statutes, ws of the State of Florida
		its registered office or registered agent, or both, in
the State of Flor	rida.	
1. The name of	the corporation: David C. B	Brown Beefmasters, Inc.
2. The mailing a	address of the corporation: 4101	Evans Road
	Fort Myers, Florida	33901
3. Date of incor	poration/qualification: 5/2/85	Document number: H54837 M
4. The name and	d address of the current registered age	ent and office:
_	David C. Brown	SS F
-	424 E. New Market R	toad #12
	Immokalee, FL 34142	
5. The name and		(if changed) and/or registered office (if changed):
_	Bruce D. Green	
_		Square Boulevard, #320
<del>-</del>	Fort Myers, Flori	da 33919
The street addre agent, as change	ess of its registered office and the streed, will be identical.	reet address of the business office of its registered
Such change wa authorized by th	us authorized by resolution duly adopte board.	pted by its board of directors or by an officer so
1/00	il Com	7-30-0/ (Date)
(Signature o	of an officer, chairman or vice chairman of the b	poard) (Date)
David	C. Brown, III Presiden (Printed or typed name and title)	<u>t                                      </u>
		ept service of process for the above stated gistered agent and agree to act in this capacity. Statutes relative to the proper and complete nd accept the obligation of my position as
1	a D Luc	0-32-21
(S	ignature of Registered Agent)	(Date)
if signing on behalf	F of an entity:	
T)	yped or Printed Name)	(Capacity)
	* * * FILING FE	E: \$35.00 * * *
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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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