

JUN 40

_____ (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



700299039637

05/16/17--01023--004 **70.00

17 MAY 16 PM 4:28
Filing
MAY 24 2017
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Growers Fertilizer Corporation
Name of Corporation

DOCUMENT NUMBER: _____

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:

Michelle Penton
Name of Contact Person

Growers Fertilizer Corporation
Firm/Company

Po Box 1407
Address

Lake Alfred, Fl. 33850
City/State and Zip Code

m.penton@growersfertilizer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Penton
Name of Contact Person at (863) 956-4101
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

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

1. The name of the corporation: Growers Fertilizer Corporation
2. The principal office address: 312 N Buena Vista Dr
Lake Alfred, FL 33850
3. The mailing address (if different): PO Box 1407
Lake Alfred, FL 33850
4. Date of incorporation/qualification: _____ Document number: _____
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)
Resigned

17 MAY 16 PM 1:20

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

Michelle Renton
312 N Buena Vista Dr
P.O. Box NOT acceptable
Lake Alfred FL 33850

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

Brent Sutton President

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.

Michelle Renton

Signature of Registered Agent

5-10-17

Date

If signing on behalf of an entity:

Michelle Renton

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