K78706

(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

000022607680

08/28/03--01029--011 **105.0

FILED
03 AUG 29 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

name only

RA Jana
KRS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BIG BEND LAND 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:

CAROL M. WEST (Gooding)
(Name of person)

BIG BEND LAND CORPORATION
(Name of firm/company)

P.O. Box 790
(Address)

CROSS CITY, FL 32628
(City/state and zip code)

For further information concerning this matter, please call:

Carol M. West at (352) 498-5572
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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: BIG BEND LAND CORPORATION

2. The principal office address: 705 North Main Street (no mail)
Cross City, Fl 32628

3. The mailing address (if different): P.O. Box 790
Cross City, Fl 32628

4. Date of incorporation/qualification: 4/7/89 Document number:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NAME CHANGE ONLY: CAROL M. WEST (formerly Gooding)
President & Director

FILED
03 AUG 29 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CAROL M. WEST
(formerly Gooding)
(P.O. Box or personal mailbox NOT acceptable)

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.

Carol M West
(Signature of an officer, chairman or vice chairman of the board)

CAROL M. WEST
(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.

Carol M West
(Signature of Registered Agent)

8/27/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314