

- (5)		
(Ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
		_
	siness Entity Nan	
(Bu	Siness Enuty Ivan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800304772048

10/25/17--01033--010 \*+35.00

17 OCT 25 PH 2: 46

Mocha

## **COVER LETTER**

Division of Corporations					
SUBJECT: GULFSTREAM TOMBTO GROWERS INC  Name of Corporation					
DOCUMENT NUMBER: LOD998					
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:					
JAINCTTE GONZALEZ - BRITO  Name of Contact Person					
GULFSTREAM TOMATO GROWERS INC					
21150 SW 16771 AUG Address					
miami, FL 33 187— City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact 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
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 sect statement of change is submitted.	for a corporation	n organized	under the law	s of the Stat	te of 🔼	DRIDA	
in order to change its re	zistered office of	r registered	agent, or both	, in the Stat	e of Floria	<i>la.</i>	
1. The name of the corporation:_	GULFST	RENM	TOMATO	) @PC	WERS	S INC	
2. The principal office address:	२।। ५०	SW	167TH	AUC	<u>miai</u>	MI,A	<u>3318</u> °
3. The mailing address (if different	nt):						
4. Date of incorporation/qualifica	tion: 07/11	11989	_ Document no	umber:	L00 9	198	
5. The name and street address of Florida Department of State: (I	_	-	and registered	l office on f	ile with the	c	
DONALD	M HAG	NAZ					
<u> </u>	SW 1736	ED TE	RRACE			27	
miami	FL 331	57	· · · · · · · · · · · · · · · · · · ·			IT OC	~F1
6. The name and street address of (if changed):	_	_	2		ed office	T 25 PH	
JAINETT	E GONZ	ALEZ	- BRITC	)	<del></del>	136 N	<u> </u>
21150 S	W 167TH	HAUC- Box NOT accer				15 to	
miami, f	ر 33/3	•	дарис				
The street address of its registere as changed will be identical.	ed office and the	street addi	ess of the busi	iness office	of its regi	istered agen	t,
Such change was authorized by authorized by the board, or the c	esolution duly a orporation has b	idopted by seen notifie	its board of di d in writing of	rectors or b the change	y an office	er so	
Signature of an officer of direct			Taive to	or typed name	L Service Local Control	3 Bri	to
I hereby accept the appointment I further agree to comply with th performance of my duties, and I agent. Or, if this document is he hereby confirm that the corporat	e provisions of c am familiar with ino filed merely	all statutes h and accep to reflect o	relative to the of the obligation of change in the	proper and on of my po registered	i complete sition as r	egistered –	
Afignature of Registered Ag	gent		10/1	9/17 Date			
If signing on behalf of an entity:			/	<b>,</b>			
Jain Hl Conal Typed or Printed Name	ez Brito	-					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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