

LD6000073938

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
SOUTHERN GARDENS CITRUS NURSERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

OFFICE OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 26 AM 8:40

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SOUTHERN GARDENS CITRUS NURSERY, LLC

2. (a) Principal office address of limited liability company: 111 PONCE DE LEON AVENUE
(Note: MUST BE STREET ADDRESS) CLEWISTON, FL 33440

(b) Mailing address of limited liability company: 111 PONCE DE LEON AVENUE
(Note: MAY BE POST OFFICE BOX) CLEWISTON, FL 33440

07/25/2008 effective: 07/24/2008
3. Date of filing/registration in Florida

L06000073938
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: BERNARD, GERARD A

Registered Office Address: 111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: EDWARD ALMEIDA

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kristine Roy, Attorney-In-Fact
Signature of a member or authorized representative of a member

Kristine Roy, Attorney-In-Fact
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristine Roy, Attorney-In-Fact
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)