

L76602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orchid Island Juice Company
Name of Corporation

DOCUMENT NUMBER: L76602

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:

Katie Nethers
Name of Contact Person
Orchid Island Juice Company
Firm/Company
330 N US Highway 1
Address
Fort Pierce, FL 34950
City/State and Zip Code
Knethers@oijc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Nethers at (772) 465-1122
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Orchid Island Juice Company

2. The principal office address: 330 N US Highway One, Fort Pierce, FL 34950

3. The mailing address (if different): Same as above.

4. Date of incorporation/qualification: 5/19/1990 Document number: L76602

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)

Marygrace M Sexton
330 N. US #1
Fort Pierce, FL., 34950


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

David Cortez
330 N. US #1
Fort Pierce, FL., 34950
P.O. Box NOT acceptable

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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

Marygrace Sexton
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.


Signature of Registered Agent

9/27/22
Date

If signing on behalf of an entity:

David Cortez
Typed or Printed Name

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