

L76602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

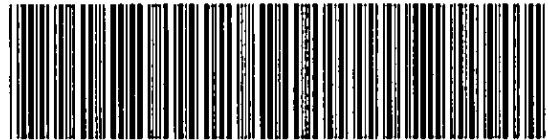
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JAN - 9 2023

Office Use Only



800395306988

10 OCT 2022 10:01:01 10:01:01

FILED  
2022 OCT -7 PM 12:30  
SECRETARY OF STATE  
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

P.O. Box NOT acceptable

Fort Pierce, FL., 34950

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 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

FILED  
2022 OCT -7 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FL