

M26758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

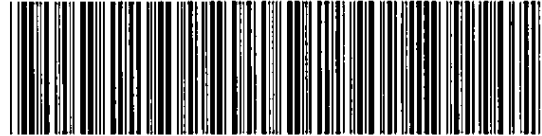
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF  
TREASURY  
DIVISION OF CORPORATION

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DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2019

DUNWODY WHITE & LANDON  
4001 TAMiami TR STE 200  
NAPLES, FL 34103

SUBJECT: MIRANDA GROVES AND NURSERY, INC.  
Ref. Number: M26758

We have received your document for MIRANDA GROVES AND NURSERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are wanting to resign the registered agent you must file the resignation of registered agent form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 019A00015110

# DUNWODY WHITE & LANDON, P.A.

DANIEL K. CAPES  
BOARD CERTIFIED WILLS,  
TRUSTS & ESTATES LAWYER

## ATTORNEYS AT LAW

FRANK T. ADAMS	JEREMY P. LEATHIE
DANIEL K. CAPES	THOMAS J. MATKOV
DENISE B. CAZOBON	WILLIAM T. MUIR
NEIL R. CHRYSTAL	BARBARA E. RUIZ-GONZALEZ
JACK A. FALK, JR.	ALFRED J. STASHIS, JR.
RONALD L. FICK	MIRANDA M. WEISS
JOHN J. GRUNDHAUSER	
KRISTINA HERNANDEZ-TILSON	ROBERT A. WHITE (Retired)
ROBERT D. W. LANDON, II	ATWOOD DUNWODY (1912-1996)

Reply to Naples Office  
Email [dcapes@dwl-law.com](mailto:dcapes@dwl-law.com)

July 15, 2019

### Via Federal Express

Amendment Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *Miranda Groves and Nursery, Inc. - Doc No. M26758***

Dear Sir or Madam:

Enclosed please find the following for filing for the above referenced corporation:

1. Cover letter, Resignation of Registered Agent for a Corporation form and a check for \$87.50; and
2. Cover letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations form and a check for \$35.00.

If you have any questions, please contact the undersigned at the Naples office (239) 263-5885 or at the email address listed above. Thank you for your assistance with this filing.

Sincerely yours,

  
Daniel K. Capes

DKC/klr  
Enclosures

m:\Mitigation\miranda\ltr to dos re resignation of ra and change of ra.doc

MIAMI  
550 Biltmore Way  
Suite 810  
Coral Gables, Florida 33134  
Telephone 305 / 529-1500

NAPLES  
4001 Tamiami Trail North  
Suite 200  
Naples, Florida 34103  
Telephone 239 / 263-5885

PALM BEACH  
Plaza Center, Suite 501  
249 Royal Palm Way  
Palm Beach, Florida 33480  
Telephone 561 / 655-2120

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Miranda Groves and Nursery, Inc.  
Name of Corporation

DOCUMENT NUMBER: M26758

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:

Antonio J. Legorbura  
Name of Contact Person

MIRANDA GROVES AND NURSERY, INC.  
Firm/Company

13701 S.W. 97<sup>TH</sup> AVENUE  
Address

MIAMI, FL. 33176  
City/State and Zip Code

LEGENT@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio J. Legorbura at (305) 469-2241  
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 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: Miranda Groves and Nursery, Inc.
2. The principal office address: ~~7600 S.W. 57th Ave, Suite 302A, South Miami, FL 33143~~ (b)  
13701 SW 97th Avenue Miami, FL 33176
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_

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)

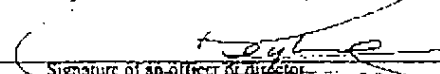
Raymond James Trust N/A  
P.O. Box 23559 4095 EL PRADO BLVD  
St. Petersburg FL 33742 MIAMI, FL  
33133

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

Antonio J. Legorburu  
13701 SW 97 Avenue  
P.O. Box NOT acceptable  
Miami FL 33176

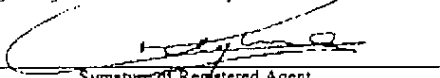
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Antonio J. LEGORBURU  
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

6/30/2019  
Date

If signing on behalf of an entity:

Antonio J. Legorburu  
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

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DIVISION OF CORPORATIONS