

Document Number Only

N000000005313

POB445
Re BS FL 34133
Ac
City State Zip Phone

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*****35.00 *****35.00

CORPORATION(S) NAME

- ☐ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☐ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merge
☐ Mark
☐ Other
☐ Change of R.A.
☐ CUS
☐ After 4:30
☐ Pick Up

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**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Botanical Gardens of Bonita Springs Inc

2. The mailing address of the corporation : P.O. Box 445

3. Date of incorporation/qualification: 8-14-0 Document number: N 00 00 00 0 5313

4. The name and address of the current registered agent and registered office:

D K Ross Resubun

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

Deborah M. Maclean

27800 HAROLD ST

BONITA SPRINGS FL 34135

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10-4-0
(Date)

DEBORAH M MACLEAN PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

10-4-00
(Date)

If signing on behalf of an entity:

DEBORAH M MACLEAN DES
(Typed or Printed Name)

REGISTERED OFFICER /
REGISTERED AGENT / PRESIDENT
(Capacity)

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