(Re	questor's Name)	
(Ad	dress)	
<u>, </u>		
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(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

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COVER LETTER

TO: Amendment Section Division of Corporations

No SUBJECT: Farmers Helping Farmers, Inc.
Name of Corporation
NO 5000009280

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:

Malcolm S. Wade, Jr.

Name of Contact Person

Farmers Helping Farmers, Inc.

Firm/Company

111 Ponce de Leon Avenue

Address

Clewiston, FL 33440

City/State and Zip Code

mwade@ussugar.com

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

For further information concerning this matter, please call:

Malcolm S. Wade Jr.

863 (902-2461

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Farmers Helping Farmers, Inc.	
2. The principal	office address: 111 Ponce de Leon Avenue	
	Clewiston, FL 33440	
3. The mailing a	address (if different): Same	
4. Date of incorp	poration/qualification: 9/9/2005 Document number: N05000009280	_
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Edward Almeida - Registered Agent	
	111 Ponce de Leon Avenue Clewiston, FL 33440	
	Clewiston, FL 33440	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Luke Kurtz - Registered Agent	
	111 Ponce de Leon Avenue	
	P.O. Box NOT acceptable Clewiston, FL 33440	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
///// Signatu	Malcolm S. Wade, Jr. Dir, Secretary	
l furthér agrée i performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	chalf of an entity:	
T	vped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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