

NO 7000000384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

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02/25/08
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hogans Harvest Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Dr. Cheryl Hogan
(Name of Contact Person)

Hogans Harvest Inc.
(Firm/Company)

P.O. 2084
(Address)

St Augustine, FL 32085
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Cheryl Hogan at (904) 377-9424
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2007

DR CHERYL HOGAN
P.O. BOX 2084
ST AUGUSTINE, FL 32095

SUBJECT: HOGANS HARVEST INC.
Ref. Number: N07000000384

We have received your document for HOGANS HARVEST INC. and your check(s) totaling \$52.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 307A00069705

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hogans Harvest Inc.
2. The principal office address: 4752 AVENUE D
ST AUGUSTINE, FL 32095
3. The mailing address (if different): P.O. Box 2084, ST AUGUSTINE, FL 32085
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:

Walter R. Hogan
4752 Avenue D
ST AUGUSTINE, FL 32095

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

Dr. Cheryl Hogan/ceo, President
4752 Avenue D
(P.O. Box NOT acceptable)
ST AUGUSTINE, FL 32095

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Sharif Jalil
(Signature of an officer or director)

Sharif Jalil Vice President-Secretary
(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.

Cheryl Hogan
(Signature of Registered Agent)

11.9.07
(Date)

If signing on behalf of an entity:

(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 (8/05)