

ND1000000384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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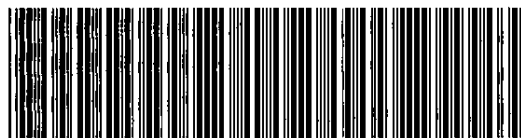
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hogans Harvest Inc.
Name of Corporation

DOCUMENT NUMBER: N07000000884

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:

Sharif Jalil
Name of Contact Person

Hogans Harvest Inc.
Firm/Company

Post Office Box 2084
Address

Saint Augustine, Florida 32085
City/State and Zip Code

hogansharvest@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Cheryl Hogan at (904) 377-6845
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: Hogans Harvest Inc.
2. The principal office address: 6945 Morse Avenue Unit 1038
Jacksonville, Florida 32244
3. The mailing address (if different): Post Office Box 2084
Saint Augustine, Florida 32085
4. Date of incorporation/qualification: January 7, 2007 Document number: N07000000384
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)

Dr Cheryl Hogan
Post Office Box 2084
Saint Augustine, Florida 32085

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

Sharif Jalil
6945 Morse Avenue unit 1038
P.O. Box NOT acceptable
Jacksonville, Florida 32244

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]
Signature of an officer or director

Dwayne Reid
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]
Signature of Registered Agent

October 30, 2010
Date

If signing on behalf of an entity:

Sharif Jalil
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)

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