

n100000601376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

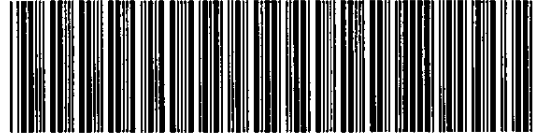
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature

FEB 24 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH PORT COMMUNITY GARDENS INC
Name of Corporation

DOCUMENT NUMBER: N10000001376

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:

LINDA M KRONHOLM
Name of Contact Person

NORTH PORT COMMUNITY GARDENS INC
Firm/Company

3653 LAKEWOOD BLVD
Address

NORTH PORT FL 34287
City/State and Zip Code

CHARMIESAM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA M. KRONHOLM at (941) 423-9648
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NORTH PORT COMMUNITY GARDEN, INC.
2. The principal office address: 12200 SAN SERVANDO AVE, NORTH PORT, FL 34287
3. The mailing address (if different): 3653 LAKEWOOD BLVD, NORTH PORT, FL 34287
4. Date of incorporation/qualification: 2/10/2010 Document number: N10000001376
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)

FREDERICK G. CASS
4462 Symco AVE.
NORTH PORT, FL 34286

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

LINDA M. KRONHOLM
3653 LAKEWOOD BLVD
NORTH PORT, FL 34287
P.O. Box NOT acceptable

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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.

Signature of Linda M. Kronholm and Printed or typed name and title LINDA M. KRONHOLM

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 Linda M. Kronholm and Date 2/15/2015

If signing on behalf of an entity:

Typed or Printed Name

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