## N4356

(Re	equestor's Name)		
· (Ac	ddress)		
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(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bı	usiness Entity Nar	me)	
(Document Number)			
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LAW OFFICE OF

## SHEREE H. LANCASTER, P.A.

109 EAST WADE STREET POST OFFICE BOX 1000 TRENTON, FLORIDA 32693

PHONE: (352) 463-1000 FAX: (352) 463-2939

November 8, 2012

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: SUWANNEE VALLEY PRODUCE GROWERS, INC.

Greetings:

In connection with the above referenced, enclosed please find the following:

- 1. Statement of Change of Registered Office or Registered Agent or Both for Corporations.
- 2. My check number 6988 in the amount of \$35.00 for the fee.

Thank you for your attention in this matter.

Sincerely,

Sheree H. Lancaster

SHL/sdh

Enclosures

c: Scott Tucker

Lindsey Lander, Esquire

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of <u>Florida</u> gistered agent, or both, in the State of Florida.	•
1. The name of the c	orporation: SUWANNEE VAL	LLEY PRODUCE GROWERS, INC.	
	ce address: § SHEREE H.		
109 E	ast Wade Street, Tre	enton, FL 32693	
3. The mailing addre	ess (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incorpora	tion/qualification: 05/20/19	991 Document number: N43561	
	ect address of the current registere int of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	LANCASTER, SHE	REE H.	
	109 E. WADE ST	REET	
	TRENTON, FL 3	2693	
6. The name and str (if changed):	reet address of the new registered of	agent (if changed) and /or registered office	FILES PA
	LINDSEY LANDER	557	30 12
	107 NE 5th Str	reet To	جي ج
	P.O. Box	NOT acceptable	3: 45
		32693	
The street address as changed will be	of its registered office and the stridentical.	treet address of the business office of its registered ag	ent,
Such change was a authorized by the	authorized by resolution duly ado board, or the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.	
Signature	If an officer or director	SCOTT TUCKER, Director Printed or typed name and title	<del>_</del>
I hereby accept th I further agree to performance of m agent. Or, if this hereby confirm th	e appointment as registered ager comply with the provisions of all y duties, and I am familiar with a document is being filed merely to of the corporation has been notif	nt and agree to act in this capacity, I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	i
		11-7-12	
Signat	ure of Registered Agent	Date	<del></del>
If signing on beha	olf of an entity:		
Турс	ed or Printed Name		
•	* * * FILING	G FEE: \$35.00 * * *	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)