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Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Florida's Heartland Redi, Inc.	
	(Name of Co	orporation)
DOCUMENT	F NUMBER: N9300004643	
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Kelly Sweet	
	(Name of Cor	ntact Person)
	Florida's Heartland Redi	
	(Firm/Co	mpany)
	PO Box 1192	
	(Addi	ress)
	Sebring, Florida 33871	
	(City/State an	id Zip Code)
For further in	formation concerning this matter, please of	all:
Jim Ottermar	ח	at (863) 385-4900
- Olivi Ottorina	(Name of Contact Person)	at (863) 385-4900 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Depart	ment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 allalia5500, FL 32314	2001 Excountre 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 Florida's Heartland Redi, Inc.
2. The principal office address: 2730 US HWY 27 North
Sebring, Florida 33870
3. The mailing address (if different): PO Box 1196 Sebring, Florida 33870
4. Date of incorporation/qualification: 10/06/1993 Document number: N93000004643
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Cheryl Sharp
2319 Jackson Drive ₹% 💂
Sebring, Florida 33870
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
James K Otterman
1242 Durrance Road (P.O. Box NOT acceptable)
Lake Placid, Florida 33852
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, of the corporation has been notified in writing of the change.
K. S. Butch Jones, Board Chair (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 domply 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.
(Signatule of Registered Agent) S/15/08 (Date)
If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Typed or Printed Name)