## n99000000350

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

REC 16 2014



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT. Citrus Research and Education Foundation, Inc.

Name of Corporation

DOCUMENT NUMBER: N99000000350

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:

Michael E. Rogers

Name of Contact Person

Citrus Research and Education Foundation, Inc.

Firm/Company

700 Experiment Station Road

Address

Lake Alfred, FL 33850

City/State and Zip Code

mrgrs@ufl.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Rogers

,863

956-5897

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Citrus Resear	ch and Education Foundation, Inc.		
2. The principal	office address: 700 Experime	nt Station Road, Lake Alfred, FL 33	3850	
3. The mailing	address (if different): n/a			·
4. Date of incor	poration/qualification: 01/20/19	99 Document number: N9900000	350	
5. The name an		ered agent and registered office on file with the		1
	Jacqueline K. Burns (Re	signed)		
	700 Experiment Station I	Road		
	Lake Alfred, FL 33850		TAL	14
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	CRETAR	0EC -8
	Michael E. Rogers	-	RY O	8 PM
	700 Experiment Station I	Road	F ST	9.
	Lake Alfred, FL 33850	ox NOT acceptable	ATE	19
The street addr as changed will	ess of its registered office and the s	street address of the business office of its regist	ered ager	nt,
Such change wathorized by t	as authorized by resolution duly ache board, or the corporation has be	copted by its board of directors or by an officer sen notified in writing of the change.	so	
8/8	lex Hent	G. Ellis Hunt, Jr.		
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of al my duties, and I am familiar with is document is being filed merely t that the corporation has been noti	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg o reflect a change in the registered office addre ified in writing of this change.	istered ess, I	
MilwElly		11/18/2014		
	mature of Registered Agent	Date		
	chalf of an entity:			
Michael E.	Rogers  'yped or Printed Name			
1	Non or a transmittance			

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