

P00000047957

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 AUG 24 AM 11:54

Requester's Name

Southeast Accounting & Tax Services

6418 Northwest 5th Way
Fort Lauderdale, Florida 33309

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

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-08/24/00--01046--012
*****35.00 *****35.00

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RA Chg.

V. SHEPARD SEP 8 2000

Examiner's Initials

**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,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation is: SQUILLACE FAMILY NURSERY, INC.

2. The mailing address of the corporation is: 7250 NW 84th Street, Parkland, FL 33067

3. Date of incorporation/qualification: 5-11-00 Document number: P00000047957

4. The name and address of the current registered agent and office:

James B. Denman

Suite 208 - Coastal Tower

2400 E. Commercial Boulevard
Fort Lauderdale, FL 33308

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Michael SQUILLACE

7250 NW 84th Street

Parkland, FL 33067

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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.

Michael Squillace
(Signature of an officer, chairman or vice chairman of the board)

8-17-00
(Date)

Michael SQUILLACE, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Michael Squillace
(Signature of Registered Agent)

8-17-00
(Date)

If signing on behalf of an entity:

Michael Squillace
(Typed or Printed Name)

President
(Capacity)

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