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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: S. Medina Harvesting Inc  
Name of Corporation

DOCUMENT NUMBER: P00000079739

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:

Salvador Medina  
Name of Contact Person

S. Medina Harvesting Inc.  
Firm/Company

2692 NE Burnham RD  
Address

Arcadia FL 34266  
City/State and Zip Code

brenda\_medinaharvesting@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvador Medina at ( 863 ) 990-0748  
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: S. Medina Harvesting Inc.
2. The principal office address: 2692 NE Burnham RD  
Arcadia FL 34266
3. The mailing address (if different): PO Box 1414  
Arcadia FL 34265
4. Date of incorporation/qualification: 8/17/2000 Document number: P00000079739
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)

Juan R. Sanchez  
435 S. Commerce Ave  
Sebring FL 33870

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

Salvador Medina  
2692 NE Burnham RD  
Arcadia FL 34266

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 an officer or director

Salvador Medina Director  
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 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.*

SALVADOR MEDINA  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

SALVADOR MEDINA  
Typed or Printed Name

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