

P000000081855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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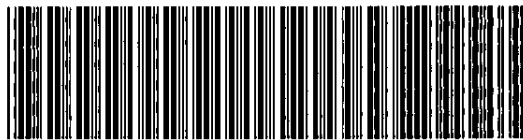
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 MAY 26 PM 3:27

R.A. Rodch
@ 5/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH FLORIDA LIVESTOCK MARKET, INC.
Name of Corporation

DOCUMENT NUMBER: P00000081855

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:

TOM W. CONELY, III, ESQUIRE
Name of Contact Person

CONELY & CONELY, P.A.
Firm/Company

P. O. DRAWER 1367
Address

OKEECHOBEE, FL 34973
City/State and Zip Code

tconely@conelyandconely.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM W. CONELY, III, ESQUIRE at (863) 763-3825
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NORTH FLORIDA LIVESTOCK MARKET, INC.
2. The principal office address: 12171 SOUTH U.S. HIGHWAY 441
LAKE CITY, FLORIDA 32025
3. The mailing address (if different): P.O. BOX 3235, LAKE CITY, FL 32056
4. Date of incorporation/qualification: 8/29/2000 Document number: POOOOOO81855
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)

TOM W. CONELY
401 NW 6TH STREET
OKEECHOBEE, FL 34972

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

TODD CLEMONS
395 SW 24TH AVENUE
P.O. Box NOT acceptable
OKEECHOBEE, FL 34974

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 26 PM 3:29

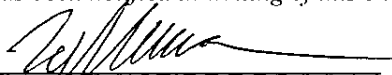
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

TODD CLEMONS
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.


Signature of Registered Agent

MAY 2011
Date

If signing on behalf of an entity:

Todd Clemons
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)