

PO1000016250

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2015  
J. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Beef Inc  
Name of Corporation

**DOCUMENT NUMBER:** P01000016250

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:

Clay Lee

Name of Contact Person

Florida Beef Inc

Firm/Company

4682 Carlton Dunes Dr Unit 7

Address

Fernandina Beach, FL 32034

City/State and Zip Code

pam.gunn@floridabeefinc.com

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

For further information concerning this matter, please call:

Pam Gunn

Name of Contact Person

at ( 912 ) 632 1183

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: Florida Beef Inc
2. The principal office address: 441 State Road 64 E  
Zolfo Springs, FL 33890
3. The mailing address (if different): PO Box 1004  
Alma, GA 31510
4. Date of incorporation/qualification: 2001 Document number: P01000016250
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)

Lori L Chism

95995 Piney Island Court

Fernandina, FL 32034

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

Clay Lee

4682 Carlton Dunes Dr., Unit 7

P.O. Box NOT acceptable

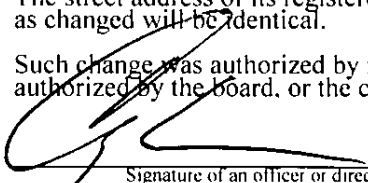
Fernandina, FL 32034

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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.

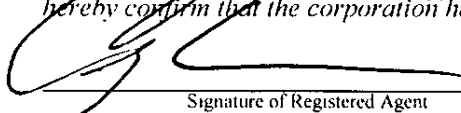
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Clay Lee, President

\_\_\_\_\_  
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

07-02-2014

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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