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## **COVER LETTER**

**Division of Corporations** SUBJECT: FORTENBIRPY LAND COMPANY
(Name of Corporation) DOCUMENT NUMBER: <u>PO10009</u>2220 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: SIEBE R FORTENBERRY III

(Name of Contact Person)

FORTEN BERRY LAND COMPANY

(Firm/Company) 461 CALOOSA ESTATES DRIVE LaBelle FL 33 935
(City/State and Zip Code) For further information concerning this matter, please call: CHIP FORTENBORNY at (863) 673-9368
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State, **Mailing Address:** Street Address: **Amendment Section** Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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Amendment Section

TO:

## 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 <u>Flonima</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
Foodsolver LAND Compay To
1. The name of the corporation: Torten beary LAND Company, Inc.  2. The principal office address: 461 CALOOSA ESTATCS Drive
· · · · · · · · · · · · · · · · · · ·
Lakelle, FL 33935
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/19/2001 Document number. PO 0000
5. The name and street address of the current registered agent and registered office on file with the Fibrida Department of State:
Sie be Raw 1s Forten berry III & 5
461 Caloosa Estates Dr
Labelle, FI 33935
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Siebe Rawl8 Foven berry III  184 LAKE OTIS ROAD  (P.O. Box NOT acceptable)  WINTER HAVEN PL 33884
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)  Siope R Fonton Bokking 111 PLASIPM  (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) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
SIEBE R FONTIN BENY III (Typed or Printed Name)

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

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