

PO200003325P

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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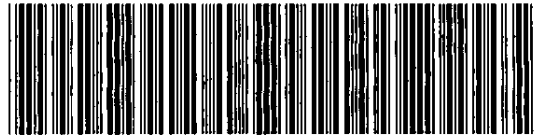
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JAN 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 28 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

MARIA C. DROTAR
PLANT PROFESSIONALS INC.
11800 N.W. 100 ROAD - STE #6
MEDLEY, FL 33178

SUBJECT: PLANT PROFESSIONALS, INC.
Ref. Number: P02000033258

We have received your document for PLANT PROFESSIONALS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00000744

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plant Professionals Inc.
Name of Corporation

DOCUMENT NUMBER: P02000033258

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:

Maria C. Drotar
Name of Contact Person

Plant Professionals Inc
Firm/Company

11800 N.W. 100 Road #6
Address

Medley, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria C. Drotar at (305) 259-0503P
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: Plant Professionals, Inc.
2. The principal office address: 11800 N.W. 100 Road #6, Medley, FL 33178
3. The mailing address (if different): same
4. Date of incorporation/qualification: March 20, 2002 Document number: P02000033258
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)

Maria Drotar

13901 S.W. 142 Avenue

Miami, FL 33186

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

Maria Drotar

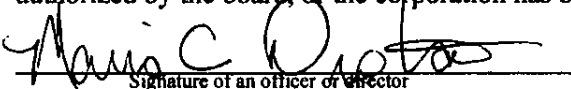
11800 N.W. 100 Road, Suite #6

P.O. Box NOT acceptable

Medley, FL 33178

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

Maria C. Drotar, President

Printed or typed name and title

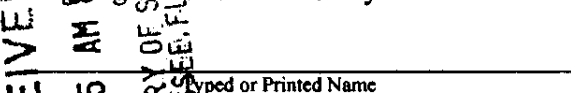
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if 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

January 20, 2010

Date

If signing on behalf of an entity:


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)

FILED
10 JAN 27 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2010 JAN 25 AM 8:00
DIVISION OF STATE
SECRETARIES