

PO2000126403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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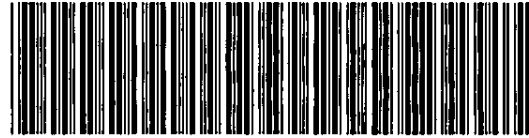
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
AUG 6 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hudson Florist Inc.
Name of Corporation

DOCUMENT NUMBER: PD 2006 126403

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:

Edward J Martin
Name of Contact Person

Hudson Florist Inc.
Firm/Company

7422 St Rd. 52.
Address

Hudson FL 34667
City/State and Zip Code

Hudson Flower Shop 52@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward J Martin at (927) 697-1800
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: Hudson Florist, Inc.
2. The principal office address: 7222 St Rd 52
Hudson FL 34667
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/04/2013 Document number: PO2000126403
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)

Edward Martin
8613 Forest Glade Dr
Hudson, FL 34667

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

Colleen McDaniel
8613 Hicks Rd
P.O. Box NOT acceptable
Hudson FL 34667

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.

Edward J Martin
Signature of an officer or director

Edward J MARTIN
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.

Colleen McDaniel
Signature of Registered Agent

Colleen McDaniel
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 (03/12)



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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE