

PD30000018408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

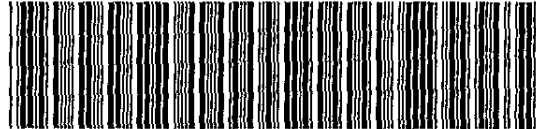
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2A+C doc  
MAD 6/10



500036920555

04/27/14--01026--005 \*\*35.00

FILED  
04 MAY 27 PM 12:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AGRALAWN INC.  
(Name of corporation)

DOCUMENT NUMBER: PD3000018408

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:

CHRISTY GRIMM  
(Name of person)

AGRALAWN INC.  
(Name of firm/company)

1520 ALBERT DR.  
(Address)

EVLESS, TX 76039  
(City/state and zip code)

For further information concerning this matter, please call:

SCOTT GRIMM  
(Name of person)

at (000) 0000000000  
(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

817-685-0401

OR  
863-670-9032

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: AGRA LAWN INC.  
 2. The principal office address: 1520 ALBERI DR.  
EULESS TX, 76039  
 3. The mailing address (if different): Same  
 4. Date of incorporation/qualification: 2/10/03 Document number: PD3000018408

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SCOTT GRIMM  
5035 ASBURY PARK DR #105  
LAKE LAND, FL 33805

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

JOC NALLEY  
114 PALMOCA ST.  
(P.O. Box or personal mailbox NOT acceptable)  
LAKE LAND, FL 33803

04 MAY 27 PM 12:56  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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]  
(Signature of an officer or director)

CHRISTY GRIMM - Corp. Secretary  
(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.

Joc Nalley President  
(Signature of Registered Agent)

5/25/04  
(Date)

If signing on behalf of an entity:

JOSEPH H. NALLEY CPA CFP, P.A.  
(Typed or Printed Name) PRESIDENT  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314