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(Requ	iestor's Name)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations							
SUBJECT: BERRY BAY FARMS @ JAYMAR, INCO Name of Corporation							
DOCUMENT NUMBER: P03000048726							
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:							
G. MARVIN BROWN Name of Contact Person							
Name of Contact Person							
BERRY BAY FARMS @ JAYMAR, INC.							
Firm/Company ·							
10070 McINTOSH ROAD							
Address							
DOVER, FLORIDA 33527							
City/State and Zip Code							
I TO A GRANGE THE RADIO AND THE							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter places calls							
For further information concerning this matter, please call:							
G. MARVIN Name of Contact Person BROWN Area Code & Daytime Telephone Number							
G. MARVIN Name of Contact Person BROWN 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							
P.O. Box 6327 Clifton Building							

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 60 ge is submitted for a co	orporation org	anized under the laws	of the State of <u>FI</u>	LORIDA	
in order	to change its registered	d office or regi	stered agent, or both, i	in the State of Flo	rida.	
1. The name of the	e corporation: BE	RRY BAY FA	RMS @ JAYMAR, I	NC.		
2. The principal o	ffice address: 51:	35 BONITA 1	DRIVE, WIMAUMA	FLORIDA 3359	8	
					<u> </u>	
3. The mailing ad	dress (if different):	10070 McIN	rosh road, dove	R, FLORIDA 3	3527	
		*.				
4. Date of incorpo	oration/qualification: _	05/02/03	Document nur	nber: <u>P03000</u>	048726	
	street address of the cu ment of State: (If resign			office on file with	the	
	J. MAURICE	L. TURGEAU	U - RESIGNED			
	7648 NOTTII	NGHILL SKY	DRIVE			
· · · · · _	APOLLO BEAG	CH, FLORIDA	A 33572			
6. The name and : (if changed):	street address of the ne	w registered ag	gent (if changed) and /	or registered offic	SECRE	na sep
	G. MARVIN B	ROWN			TAR)	-8 11 11
	10070 McINTO	SH ROAD			133 1 PF	AHII:
			NOT acceptable		FLO	=
	DOVER, FLOR	DA 33527			REE	59
The street address as changed will be	s of its registered offi oe identical.	ce and the stre	eet address of the busi	ness office of its	registered	agent,
Such change was authorized by the	s authorized by resolu board, or the corpora	tion duly ador ation has been	oted by its board of di notified in writing of	rectors or by an o the change.	officer so	
	of an officer or director	<u>.</u>	Printed	BROWN, PRESI		
I hereby accept to I further agrée to of my duties, and document is beir corporation has	he appointment as re o comply with the pro I I am familiar with a g filed merely to refle been notified in writi	gistered agent visions of all s nd accept the o ect a change in ng of this chan	and agree to act in the tatutes relative to the obligation of my posit the registered office age.	nis capacity proper and comp ion as registered address, I hereby	plete perfor agent. Or y confirm ti	rmance , if this hat the
Man	Bru	ATIN:	8-2	5-09		
G. MARVINSIGN	Mure of Registered Agent BF	OWN		Date		
If signing on bel	nair of an entity:					
Ту	ped or Printed Name					

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