

PO3 000067247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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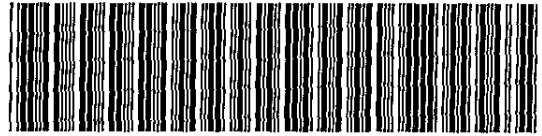
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIVE GREEN PALMS, INC.

(Name of corporation)

DOCUMENT NUMBER: PO3000067247

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:

S. RUSSELL SCHOLZ

(Name of person)

FIVE GREEN PALMS, INC.

(Name of firm/company)

14968 SE Fawn Lane

(Address)

Blountstown, FL 32424

(City/state and zip code)

For further information concerning this matter, please call:

S. RUSSELL SCHOLZ at (850) 229-8211

(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

