

PD 3000124842

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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PD
Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOV 14 PM 4:29

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Van Nursery, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000124842

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:

Daniel Medina, LL.M.
(Name of Contact Person)

DANIEL MEDINA, P.A.
(Firm/Company)

902 South Florida Ave, Suite 101
(Address)

Lakeland, FL 33803
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Medina, LL.M. at (863) 682-9730
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a ~~\$35.00~~ check made payable to the Department of State. \$25.00 was previously sent.
~~\$10.00~~

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2007

DANIEL MEDINA, LL. M.
902 SOUTH FLORIDA AVENUE
SUITE 101
LAKELAND, FL 33803

SUBJECT: LAKE VAN NURSERY, INC.
Ref. Number: P03000124842

We have received your document for LAKE VAN NURSERY, INC. and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 907A00060212

TALLAHASSEE, FLORIDA

2007 NOV 14 AM 8:00

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Van Nursery, Inc
2. The principal office address: 1052 U.S. HIGHWAY 92 WEST
AUBURNDALE FL 33823
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/04/2003 Document number: P03000124842

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

DANIEL MEDINA, P.A.
464 WEST PIPKIN ROAD, SUITE 1
LAKELAND FL 33813 US

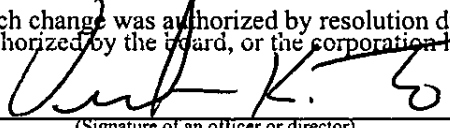
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DANIEL MEDINA, P.A.
902 South Florida Ave, Suite 101
(P.O. Box NOT acceptable)
Lakeland, FL 33803

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)

VINCENT K. To Pres.
(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)

November 8, 2007
(Date)

If signing on behalf of an entity:

Daniel Medina, President
(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