

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
IRRIMAX CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
12 MAY -7 AM 8:10  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2012 MAY -7 A 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 08 2012  
T. LEMIEUX  
5/8/2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IRRIMAX CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P03000127649

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:

Tony Anderson  
Name of Contact Person

Irrimax Corporation  
Firm/Company

4500 Newberry Road  
Address

Gainesville, FL 32607  
City/State and Zip Code

tanderson@tol-health.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Anderson at ( 352 ) 367-2301  
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

CR2E045 (8/05)

FL008 - 07/26/08 C T Systems Online

**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: IRRIMAX CORPORATION
2. The principal office address: 1665 Lakes Parkway, Suite 102  
Lawrenceville, GA 30043
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/03/2003 Document number: P03000127649
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)


HULSLANDER, RYAN T ESQ  
4510 N.W. 6TH PLACE STE 100A  
GAINESVILLE FL 32607

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable


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

Ryan T. Hulslander, Corporate 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.

By: C T Corporation System  
  
Signature of Registered Agent

5-4-2012  
Date

If signing on behalf of an entity:  
Barbara A. Burke  
Special Assistant Secretary  
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  
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