

P04000004646

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN ACRES NURSERY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000004646

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:

THOMAS J. RUSTICI
(Name of Contact Person)

SOUTHERN ACRES NURSERY, INC.
(Firm/Company)

5085
~~5701~~ SR 16
(Address)

ST. AUGUSTINE FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS J. RUSTICI at (904) 946-3356
(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

