

PC4000107028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

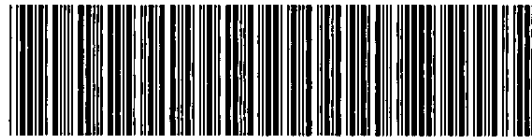
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA 12/29/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Roberts Sod Company  
Name of Corporation

**DOCUMENT NUMBER:** P04000107028

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:

Tance E. Roberts  
Name of Contact Person

Clark & Roberts, PLC  
Firm/Company

200 Malaga Street, Ste. 9  
Address

St. Augustine, FL 32084  
City/State and Zip Code

mmj7475@windstrem.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tance E. Roberts at ( 904 ) 826-1772  
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

**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: Roberts Sod Company
2. The principal office address: 7475 State Road 207, Elkton, FL 32033
3. The mailing address (if different): PO Box 308, Hastings FL 32145
4. Date of incorporation/qualification: 07/20/2004 Document number: P04000107028
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)

A. Jeffrey Roberts

7475 State Road 207

Hastings FL 32145

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

Michael Z. Roberts

7475 State Road 207

P.O. Box NOT acceptable

Elkton, FL 32033

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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.

Michael Z. Roberts  
Signature of an officer or director

Michael Z. Roberts, President  
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.*

Michael Z. Roberts  
Signature of Registered Agent

September 9, 2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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