

P05000021427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

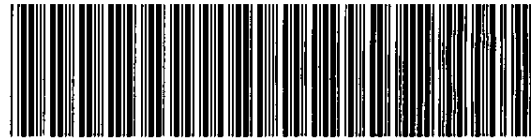
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

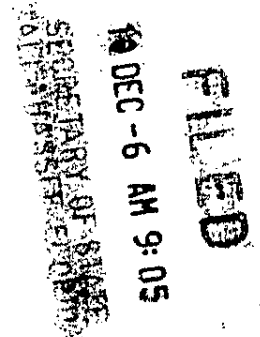
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RA Change

12-8-10

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**MICHAEL D. FOWLER, J.D., LL.M.**  
**BOARD CERTIFIED WILLS, TRUSTS & ESTATES**  
**BOARD CERTIFIED ELDER LAW**



December 1, 2010

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Scott Groves, Inc.  
Scott Marketing, LLC  
Scott Citrus Management, Inc.  
San Andros Citrus Management, Inc.  
Campbell Groves, Inc.  
Renmar Groves, Inc.  
Kenway St. Lucie, Inc.

Dear Sir/Madam:

Please find enclosed on behalf of each entity referenced above, the Statement of Change of Registered Office or Registered Agent or Both for Corporations signed by the appropriate officer or director. Also enclosed is this firm's check in the amount of \$245 to cover the change of the Registered Agent/Address for each entity (\$35 x 7 - \$245). Kindly change the name and address of the Registered Agent for each entity to reflect "Michael D. Fowler, 240 N. Peacock Boulevard, Suite 102, Port St. Lucie, FL 34986. Please provide our office with a confirmation letter reflecting the change(s) has been completed.

We thank you for your kind assistance and cooperation in this matter.

Sincerely,  
The Estate, Trust and Elder Law Firm, P.L.

Michael D. Fowler

MDF/dab  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kenway St. Lucie, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P05000021427

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:

Michael D. Fowler  
Name of Contact Person

The Estate, Trust and Elder Law Firm, P.L.  
Firm/Company

240 N. Peacock Boulevard, Suite 102  
Address

Port St. Lucie, FL 34986  
City/State and Zip Code

mfowler@etelf.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna A. Baummier at ( 772 ) 878-7271  
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: Kenway St. Lucie, Inc.
2. The principal office address: 650 N. Rock Road, Ft. Pierce, FL 34945
3. The mailing address (if different): P.O. Box 2457, Ft. Pierce FL 34954
4. Date of incorporation/qualification: 02/09/2005 Document number: P05000021427
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)

Michael D. Fowler

650 N. Rock Road

Ft. Pierce, FL 34954

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

Michael D. Fowler

240 N. Peacock Boulevard, Suite 102

P.O. Box NOT acceptable

Port St. Lucie, FL 34986

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.

Wayne A. Scott  
Signature of an officer or director

Wayne A. Scott, 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.*

[Signature]  
Signature of Registered Agent

11-19-10  
Date

If signing on behalf of an entity:

Michael D. Fowler  
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  
CR2E045 (8/05)