

POS000119427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

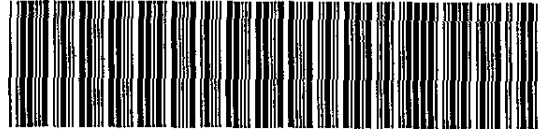
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 SEP - 8 AM 8:21
TALLAHASSEE, FLORIDA
STATE

of 24

HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202-5059

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KATHLEEN HOLBROOK COLD
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(1926-2005)

TELEPHONE
(904) 356-6311
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(904) 356-7330

September 2, 2005

Secretary of State
Corporate Records Bureau
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

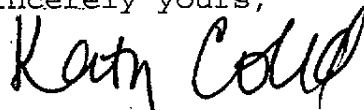
Re: North Florida Pecan Route 207, Inc.

Dear Sir:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing. Our check in the amount of \$35.00 is enclosed to cover your fee.

Please call me if you have any questions concerning this request.

Sincerely yours,



KATHLEEN HOLBROOK COLD

KHC/lh
Enclosures

**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: North Florida Pecan Route 207, Inc.
2. The principal office address: 3808 Magnolia Point Lane
St. Augustine, FL 32086
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Teresa Griffin

3808 Magnolia Point Lane

St. Augustine, FL 32086

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

Dorothy Head

3808 Magnolia Point Lane

(P.O. Box NOT acceptable)

St. Augustine, FL 32086

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.

Dorothy L. Head
(Signature of an officer or director)

Dorothy Head, 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.

Dorothy L. Head
(Signature of Registered Agent)

8/29/05
(Date)

If signing on behalf of an entity:

Dorothy L. Head
(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

FILED
05 SEP -8 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA