

P05000130000

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DIVISION OF CORPORATIONS  
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⑩ 8/23/11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VIA PARADISUS FARMS, INC.  
Name of Corporation

DOCUMENT NUMBER: P05000130000

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:

JAMES R. MUELLER  
Name of Contact Person

SLAGLE, BERNARD & GORMAN, P.C.  
Firm/Company

4600 MADISON AVE., SUITE 600  
Address

KANSAS CITY, MO 64112  
City/State and Zip Code

afulton@sbg-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES R. MUELLER at ( 816 ) 410-4600  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 AUG 23 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 27, 2011

JAMES R. MUELLER  
SLAGLE, BERNARD & GORMAN, P.C.  
4600 MADISON AVE - STE. 600  
KANSAS CITY, FL 64112

SUBJECT: VIA PARADISUS FARMS, INC.  
Ref. Number: P05000130000

We have received your document for VIA PARADISUS FARMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPY OF THE NEW REGISTERED AGENT SIGNATURE IS NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 911A00017719

**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: VIA PARADISUS FARMS, INC.
2. The principal office address: 4275 NW 76TH CT., OCALA, FL 34482
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/21/2005 Document number: P05000130000
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)

LANE, GLENN E.

10935 SE 177TH PLACE, #305

SUMMERFIELD, FL 34491

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

PLUNKETT, KEVIN B.

4275 NW 76TH CT.

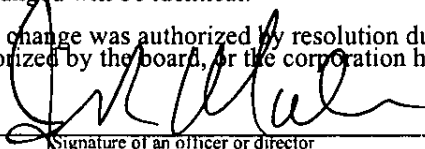
P.O. Box NOT acceptable

OCALA, FL 34482

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11 AUG 23 PM 4:07

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

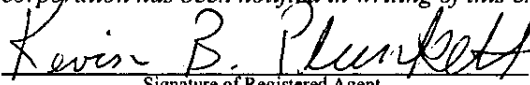
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

JAMES R. MUELLER, ASST. SEC.

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 of Registered Agent

Aug 12, 2011  
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

CR2E045 (8/05)