

PO6000153363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

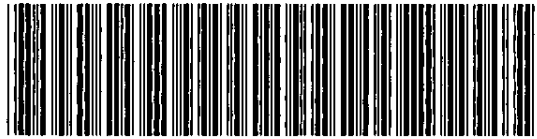
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

2011/11/25  
3:03 PM

1343581

**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: **VERNON'S IRRIGATION INC.**
2. The principal office address: **1864 BREEZY LANE WEST PALM BEACH FL 33417**
3. The mailing address (if different): **1864 BREEZY LANE WEST PALM BEACH FL 33417**
4. Date of incorporation/qualification: **12/14/2006** Document number: **P06000153363**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**SHEPHERD, VERNON  
1864 BREEZY LANE  
WEST PALM BEACH FL 33417**

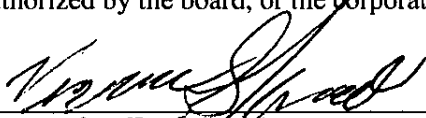
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A (Box #1343581)  
DELTONA, FL 32725**

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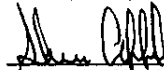
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

**VERNON Shepherd Pres.**  
(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)

**October 7, 2008**  
(Date)

If signing on behalf of an entity:

**Devin Newman Shannon Clifford**  
(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 1343581**