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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2009

PAULA R. NICKS 192 S.W. QUAIL PLACE FT. WHITE, FL 32038

SUBJECT: FLORIDA CROTCH WOOD INC

Ref. Number: P09000004530

We have received your document for FLORIDA CROTCH WOOD INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 309A00031130

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH

statement of cha	nnge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of florida
1. The name of t	the corporation: Florid	a Crotch Woo	od Inc	
			Ft. White, FI, 32038	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	1/15/2009	Document number:	P09000004530
	d street address of the cur rtment of State: (If resign		at and registered office on f	ile with the
	FRAZEE, LAURA	L		
	22210 SW NEPT	UNE BLVD		
	DUNNELLON FL	34431 US		9007
6. The name and (if changed):	i street address of the ne	w registered agent (i	if changed) and /or register	ed office
	Paula R. Nicks		····	
	192 S.W. Quail Pla			~~~
	Et Milita Elacida	P.O. Box NOT ac	ceptable	
	Ft. White, Florida.			
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business offic	e of its registered agent,
			y its board of directors or led in writing of the chang	by an officer so ge.
Taula	R. Wieks		Paula R.	Nicks
- •	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writin	ristered agent and a isions of all statute ad accept the obliga ct a change in the r g of this change.	Printed or typed nam agree to act in this capacil is relative to the proper ar ition of my position as reg egistered office address, l	
Paula	R Micks gnature of Registered Agent		09 (20 Date	09
If signing on be	chalf of an entity:			
PAULA]	Yped or Printed Name			

* * * FILING FEE: \$35.00 * * *