(409000045203

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

109 JUN -3 AM 11: 06

COVER LETTER

TO: Amendment Section Division of Corporation	3			
SUBJECT:	Murphy Ag Solutions, Inc. Name of Corporation			
	Name of Corporation			
DOCUMENT NUMBER:	P09000045203			
The enclosed Statement of Chan	ge of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence	concerning this matter to the following:			
	Sybil Brady, Legal Assistant Name of Contact Person			
	Name of Contact Person			
	Clifford R. Rhoades, P.A.			
	Firm/Company			
	2141 Lakeview Drive Address			
	Sebring, FL 33870 City/State and Zip Code			
sybil@crrpalaw.com E-mail address: (to be used for future annual report notification)				
2 man addi	sos. (to be assa for fatare annual report notification)			
For further information concerni	•			
Sybil Brady, Lega Name of Contact				
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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	Florida	
	he corporation: Murphy Ag Solutions, Inc.		
2. The principal	office address: 2376 West Barben Road, Avon Park, FL 33825		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: May 21, 2009 Document number:	P09000045203	
	street address of the current registered agent and registered office on file vitment of State: (If resigned, enter resigned)	with the	
	Trevor A. Murphy		
	2376 West Barber Road		
	Avon Park, FL 33825	75°S	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered o	2009 JUN - SECRETAI TALLAHAS	emergency designation designat
	Trevor A. Murphy	တ္ကည္း ယ	
	2376 West Barben Road	AM II: OF STA	G.menni
	P.O. Box NOT acceptable Avon Park, FL 33825	ATE RIDA	
The street addre	ess of its registered office and the street address of the business office of be identical.	its registered agent	,
	as authorized by resolution duly adopted by its board of directors or by a board, or the corporation has been notified in writing of the change.		
Sionalii	Trevor A. Mu Printed or typed name and	rphy	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	omplete performanc red agent. Or, if th reby confirm that th	re is e
	May 29, 20	09	
/ '	chalf of an entity:		
· · · · · · · · · · · · · · · · · · ·	yped or Printed Name		

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