5/11/2020

Division of Corporations

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE SLOW RELEASE ORGANIC FERTILIZER, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corpe	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this pration organized under the laws of the State of FLORIDA  Tice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SLOW REL	EASE ORGANIC FERTILIZER, INC.
2. The principal	office address: AL HARBOUR COURT#612	FORT MYERS, FL 33908
3. The mailing a	iddress (if different):	
4. Date of incom	poration/qualification:	2/2009 Document number: P09000091298
	d street address of the currer rument of State: (If resigned,	
	R & A AGENTS, INC	
	2320 FIRST STREET, SUIT	E 1000 FORT MYERS, FL 33901
6. The name and (if changed):	d street address of the new r	egistered agent (if changed) and /or registered office
	e/o C T Corporation System	1200 South Pine Island Road
		P.O. Box, NOT acceptable
	Plantation, Florida 33324	<del></del>
		nd the street address of the business office of its registered agent.
Such change wa authorized	as authorized by resolution	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Ĵd	dur Cleveland	John Cleveland owner
Stanner	ne or mi umiesi in umssiol	Primed or typed usine and title
I further agree : performance of agent. Or, if th	to comply with the provisio Tmy duties, and I am familia is document is being filed n	red agent and agree to act in this capacity, ns of all statutes relative to the proper and complete ir with and accept the obligation of my position as registered nerely to reflect a change in the registered office address, I sen notified in writing of this change.
By: Or Corporation System  By: What Hole		5/11/2020 
V	nature of Registered Agent	Date
If signing on be	<sup>half of an en</sup> James M	. Halpin
	Assistant 9	
T	Sped or Printed Name	

\* \* \* FILING FEE: \$35:00 \* \* \*

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