

P10000007900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 FEB -4 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
2/5/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Demeter's Harvest, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000007900

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:

Michael Kosten

Name of Contact Person

Demeter's Harvest, Inc.

Firm/Company

2502 Center Ave

Address

Orlando, FL 32806

City/State and Zip Code

demetersharvest@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kosten

Name of Contact Person

at 407 760-5986

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**

*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: Demeter's Harvest, Inc.
- Change* 2. The principal office address: 2502 Center Ave, Orlando, FL 32806  
(former address: 788 E Michigan St Unit #18)
3. The mailing address (if different): 2502 Center Ave, Orlando, FL 32806
4. Date of incorporation/qualification: 01/27/2010 Document number: P10000007900
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)

Alice Reo

2502 Center Ave

Orlando, FL 32806

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

*Change* Michael Kosten

2502 Center Ave

P.O. Box NOT acceptable

Orlando, FL 32806

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.

Michael Kosten, President

Printed or typed name and title

*Signature of an officer or director*

*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*

01/01/13

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 (03/12)

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