

P100000098793

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Doc  
9/25/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** B & B CITRUS & PRODUCE MARKET INC.  
Name of Corporation

**DOCUMENT NUMBER:** P10000098793

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:

Bruce E Landford LAN Ford  
Name of Contact Person

B & B Citrus Produce Market  
Firm/Company

P O Box 1045

Address

Fairfield, Florida 32634-1045

City/State and Zip Code

ericjec@aol.com

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

For further information concerning this matter, please call:

Bruce E Landford

Name of Contact Person

at ( 352 ) 895-1115

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: B&B Citrus & Product Market, Inc.
2. The principal office address: 4255 West Highway #326  
Ocala FL 34482
3. The mailing address (if different): P.O. Box 1045  
Fairfield, FL 32634
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

Bobbie S Kanuckel  
15700 NW 112th Avenue  
Reddick, Florida 32686

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

Bruce E Landford  
15700 NW 112th Avenue  
P.O. Box NOT acceptable  
Reddick, Florida 32686

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.

_____ <small>Signature of an officer or director</small>	<u>Bruce E Landford</u> <small>Printed or typed name and title</small>
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*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

\_\_\_\_\_  
Date

9-9-13

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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