

712000069674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

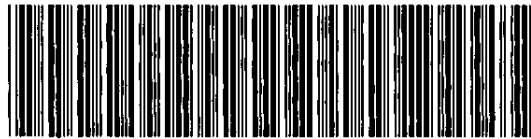
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Change
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2012 OCT 22 AM 11:44
TALLAHASSEE, FLORIDA



STRAUGHN & TURNER, P.A.

ATTORNEYS AND COUNSELORS AT LAW

**RICHARD E. STRAUGHN
MARK G. TURNER
BRIAN J. KNOWLES**

**JACK STRAUGHN
(1925-2000)**

October 18, 2012

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: CITRUS HARVESTING, INC.
Our File No.: 11131/0001

Dear Sir:

Enclosed for filing incident to the above corporation, please find an executed Statement of Change of Registered Office or Registered Agent or Both For Corporations (Form CR2E045).

Also enclosed, is my firm's check in the amount of \$43.75, which represents the filing fee of \$35.00, plus the cost of a certified copy of \$8.75.

Please forward a certified copy to me, in the enclosed stamped envelope.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

MARK G. TURNER

MARK G. TURNER
(stamped in my absence to avoid delay)

MGT/djb
Enclosures
cc: Jake L. Carlton, President

citrusharvesting.inc\letter\fladept.02-changeregoffc

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: CITRUS HARVESTING, INC.
2. The principal office address: 2695 East Main Street
Wauchula, Florida 33873
3. The mailing address (if different): P.O. Box 2119
Wauchula, Florida 33873
4. Date of incorporation/qualification: August 13, 2012 Document number: P12000069674
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)

Jason L. Carlton

545 North Ridge Avenue

Lake Alfred, Florida 33850

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

Jason L. Carlton

565 North Ridge Avenue

P.O. Box NOT acceptable

Lake Alfred, Florida 33850

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.

[Signature]
Signature of an officer or director

Jake L. Carlton, President

Printed or typed name and title

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]
Signature of Registered Agent

10 / 9 / 2012

Date.

If signing on behalf of an entity:

Jason L. Carlton
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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE