## P/30000 47926

| (Re                                     | equestor's Name)   |             |
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| (Cir                                    | ty/State/Zip/Phone | e #)        |
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MATERIAN CO. STATES

SEP 2 3 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

<sub>suвject:</sub>Seedoro Group, Inc.

Name of Corporation

DOCUMENT NUMBER, P03000067926

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:

## Tamara Burton

Name of Contact Person

U.S. Corporation Services, Inc.

Firm/Company

2200 B Douglas Blvd., Suite 100

Address

Roseville, CA 95661

City/State and Zip Code

info@uscorporation.com

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

For further information concerning this matter, please call:

Tamara Burton

916

783-2994

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 Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.  |
|---|---|
| 1. The name of t  | he corporation: Seedoro Group, Inc.   |
| 2. The principal  | office address: 1015 NW 21st Ave., #414<br>le, FL 32609   |
|   | ddress (if different): 2200 B Douglas Blvd., Suite 100<br>le, CA 95661  |
| 4. Date of incorp   | poration/qualification: 8/14/2013 Document number: P\$3000067926  |
| 5. The name and   | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)   |
|   | Danny Halverson   |
|   | 134 Kenwood Avenue  |
|   | Clearwater, FL 33755  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |   |
|   | Trepecca Fierriti — — — — — — — —   |
|   | 1015 NW 21st Ave., #414   |
|   | P.O. Box NOT acceptable  Gainesville, FL 32609  |
| as changed will   | ess of its registered office and the street address of the business office of its registered agent.   |
| authorized by th  | ( / )   |
| - Cluby Signatur  | Cindy Halverson, President Printed or typed name and title  |
| I further agree t   | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| Sign  | 8 26 14 Date  |
| If signing on bel   | half of an entity:  |
|   | ped or Printed Name   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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