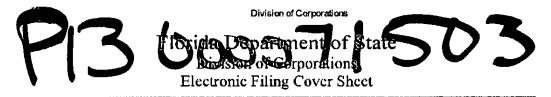
4/26/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001146873)))



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Note: DO	NOT hit the REFRESH/RELOAD button on your browser fr	om this page.
	Doing so will generate another cover sheet.	28
To:		岩景刀
	Division of Corporations	SE 16 L
	Fax Number : (850)617-6380	SHE E
From:		
	Account Name : C T CORPORATION SYSTEM	<u> </u>
	Account Number : FCA000000023	
	Phone : (512)418-6949	등점 <b>두</b> -
	Fax Number : (954)208-0845	The same of the sa

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

ME CHIVED

OEMONTON OF STATE OVISIONO CONFORMATIONS TALLARMSKE M. ORDA.

## REGISTERED AGENT CHANGE KERRY'S KITCHEN GARDENS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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Amendment Section
Division of Corporations

## COVER LETTER

			of Corporation			
DOCUMENT 1	P1300 NUMBER:	0071503	· · · · · · · · · · · · · · · · · · ·	, <u>na nga pakabah katan na mana na </u>		and the second second
The enclosed St	atement of Chang	e of Registered (	Office/Agent and	ce are submitted	d for filing.	
Please return all	correspondence	concerning this n	satter to the follow	ving:		
	Na	acy L. Harter				
And the second s		Name of	f Contact Person			Section 18 Section 18 Section 18
	Kerry	's Nursery, Inc.			<u>-</u>	
		Fire	n/Company			
	PO 561	029				
			Address			
	Miami	FL 33256				
		City/Sta	te and Zip Code	·	<del>-</del>	
	E-mail uddre	eer (to be used :	for future annual	report notifica	tion)	and the first feet that

Enclosed is a \$35,00 check made payable to the Department of State.

Name of Contact Person

Jan Lapinid

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

and some control of the control of t

Area Code & Daytime Telephone Number.

CR2E045 (03/12)

## 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 organiz	ed under the laws of the State of Florida
in order to change its registered office or registered	ed agent, or both, in the State of Florida.
1. The name of the corporation: KERRY'S KITCHEN GARD	DENS, INC.
2. The father of the actives.	the particular the sall and say that the particular the first of the same and the say of
Miami, FL 33256	
3. The mailing address (if different):	
PO BOX 561029, Miami, FL 33256	·
4. Date of incorporation/qualification: 08/28/2013	Document number: P13000071503
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)	
KERRY'S NURSERY INC	
c/o Kerry's Nursery Inc PO Box 521029	SEE 3
Miami, FL 33256-1029	F <sub>O</sub>
6. The name and street address of the new registered agent (if changed):  NRAI Services, Inc.	(if changed) and /or registered office
1600	
1200 South Pine Island Road P.O. Box NOT so	The state of the s
Plantation, Florida 33324	
The street address of its registered office and the street ad as changed will be identical.	dress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified.	y its board of directors or by an officer so led in writing of the change.
Mancal Harten	Sancy L. Harter, Vice President
Signature of anyotheer or director	Printed or typed name and title
I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and acc	eni ine oniigation of my position as registerea
agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in y	riting of this change.
NRAI Services, Inc.	4/26/2017
By: Signature of Registered Agent	Date
If signing on behalf of an entity:	
Jennifer Quinn, Asst. Secretary	
Typed or Printed Name	ener dage eksperiotische Stelle in der Stelle seiner eine Gerants auch eine Etwei-
* * * FILING FEE:	\$35.00 ***
MAKE CHECKS PAYABLE TO FLORE MAIL TO: DIVISION OF CORPORATIONS, P.O.	

CR2E045 (03/12)