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SECRETARY OF STATE

MAR 1 4 2016

R. White

## **COVER LETTER**

TO: Amendment Section Division of Corpo					
SUBJECT: Cons	erven Compai	Corporation			
	Name of C	corporation			
DOCUMENT NUMBER	P14000045829				
The enclosed Statement of	Change of Registered Office	ce/Agent and fee are submitted for filing.			
Please return all correspon	dence concerning this matte	er to the following:			
<del></del>	Charles A. Postler Name of Co	, Esq. ntact Person			
Sti					
Stichter, Riedel, Blain & Postler, P.A.					
	r irm/Co	ompany			
110	110 E. Madison Street, Suite 200				
	Add	ress			
Tamp	a, Florida 33602				
	City/State a	nd Zip Code			
cpos	stler@srbp.com				
E-mail address: (to be used for future annual report notification)					
For further information con	ncerning this matter, please	call:			
Charles A. Postl	er. Esa.	( 813 ) 229-0144			
	ontact Person	at (813 ) 229-0144  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check	made payable to the Depar	tment of State.			
М	ailing Address:	Street Address:			
Āi	nendment Section	Amendment Section			
	vision of Corporations	Division of Corporations			
	O. Box 6327	Clifton Building			
Та	Illahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted	d for a corporation organi	2, 607.1508, or 617.1508, I ized under the laws of the S ered agent, or both, in the S	State of Flor	rida	_	
1 The name o	f the comparation:	. Conserven Comp	pany				
1. The name of the corporation: Conserven Company  2. The principal office address: 220 E. Madison Street, Suite 950, Tampa, Florida 3360							2
3. The mailing	g address (if differ	rent):					
4. Date of inco	orporation/qualific	cation: May 22, 201	4 Document number:	P14000	045829	9	
5. The name a	nd street address		gent and registered office o	n file with th	ne .		
	Hooi, Mic	chael J.			₹		
	110 E. Ma	adison Street, Suite	e 200		ALLA SECSI	16 MAR 10	N report
	Tampa, F	Florida 33602					No. 1988 Section P
6. The name a (if changed)		of the new registered agen	at (if changed) and /or regis	tered office	EF FLOW	PH 3: 2	1 ·
	Stichter, I	Riedel, Blain & Pos	stler,P.A.		중류	ဘိ	
	110 E. Ma	adison Street, Suite	e 200				
	T	P.O. Box NOT	acceptable				
	<u>·</u>	Florida 33602					
The street add as changed wi	lress of its registe	ared office and the street a	address of the business off	ice of its reg	istered ag	gent,	
Such change vauthorized by	was authoxized by the board or the	y resolution duly adopted corporation has been not	by its board of directors o ified in writing of the char	r by an offic nge.	er so		
•	1 /01/11/11	NH	Robin Hattari, Se				
-	iture of an officer of dir		Printed or typed na			_	
performance of agent. Or if	oj my auties, ana this document is l	' 1 am familiar wiin ana ac	l agree to act in this capac ites relative to the proper i ccept the obligation of my ect a change in the register a writing of this change.	position as i	registerea	ł	
Cham	ha Posta	2	December 21, 20	15			
<u> </u>	ignature of Registered	Agent	Date		_	_	
If signing on l	pehalf of an entity	y:					
Charles A	. Postler						
	Typed or Printed Name	ie					

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 \* \* \*