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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number ; (888)706-7274

\*\*Enter the email address for this business entity to be used for future

S. TALLENT

JAN 0 4 2019

Email Address:\_\_\_

## REGISTERED AGENT CHANGE SAN FELASCO NURSERIES, INC.

annual report mailings. Enter only one email address please.\*\*

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## COVER LETTER

TO:

Amendment Section Division of Corporations

San Felasco Nurseries, Inc.

P16000030310

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:

| Marv   | Castil   | lo  |
|--------|----------|-----|
| ٠٠٠ ٢٠ | <b>-</b> | . – |

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

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

O 01/03/2019 9:16 AM

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

→ 18506176380

| statement of cha  | nge is submitted for a corporation o                                       | 7,0502, 607,1508, or 617,1508, Florida Sto<br>organized under the laws of the State of E<br>registered agent, or both, in the State of Flo   | lorida        |             |
|---|--|--|---------------|-------------|
| <del></del>   | he corporation: San Felasco  | -  |               |             |
| 2. The principal  | office address: 7404 NW 12<br>SVILLE, FL 32653                             |  |               |             |
| 3. The mailing a  | ddress (if different):   |  |               |             |
| 4. Date of incorp   | oration/qualification: 4/5/201   | 6 Document number: P1600   | 0030310       |             |
| 5. The name and   |  | ered agent and registered office on file with  | n the         |             |
|   | 7404 NW 126 ST   |  |               |             |
|   | GAINESVILLE,   | FL 32653   | 19 JAH        |             |
| 6. The name and (if changed):   | street address of the new registere  | d agent (if changed) and /or registered offic  | æ 1887 🕹      | -<br>-<br>! |
|   | Registered Agent Solution  | ons, Inc.  | AH 9          |             |
|   | 155 Office Plaza Dr., Sui  | te A   |               |             |
|   |  | ox NOT acceptable  | -             |             |
|   | Tallahassee, FL 32301  |  |               |             |
|   |  | street address of the business office of its   |               |             |
| Such change wa<br>authorized by th  | s authorized by resolution duly ad<br>the board, or the corporation has be | opted by its board of directors or by an of<br>en notified in writing of the change.   | ficer so      |             |
| 151 Marc  | · · · · · · · · · · · · · · · · · · ·                                      | Marc Meisel  | President     |             |
| I hereby accept<br>I further agree I<br>performance of<br>agent Or if thi | to comply with the provisions of all<br>my duties, and I am familiar with. | ent and agree to act in this capacity.<br>Il statutes relative to the proper and comp<br>and accept the obligation of my position a<br>o reflect a change in the registered office | is registered |             |
|   | (JC)   | 12/20/2018   | <del> </del>  |             |
| ·   | half of an entity:   | Date   |               |             |
|   | pell - Assistant Secretary   |  |               |             |
|   |  |  |               |             |