

P160000090918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

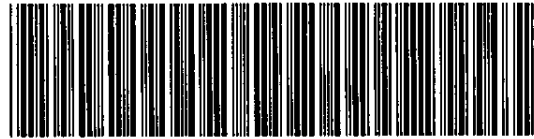
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Someday Farm Inc

Name of Corporation

DOCUMENT NUMBER: P16000090918

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:

Kelly F Schutte

Name of Contact Person

Someday Farm Inc

Firm/Company

1102 Overcash Dr

Address

Dunedin, FL 34698

City/State and Zip Code

ktyinnschutte@gmail.com

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

For further information concerning this matter, please call:

Kelly F Schutte

Name of Contact Person

at (727) 485-4995
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

CR2F045 (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 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: Someday Farm Inc
2. The principal office address: 1102 Overcash Dr
Dunedin, FL 34698
3. The mailing address (if different): 380 Wood Chuck Ave
Tarpon Springs, FL 34689
4. Date of incorporation/qualification: 11/10/2016 Document number: P16000090918
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)
Thomas P Schutte
46 Lake Shore Dr
Palm Harbor, FL 34684
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kelly F Schutte
380 Wood Chuck Ave
P.O. Box NOT acceptable
Tarpon Springs, FL 34689

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.

Kelly Schutte
Signature of an officer or director

Kelly F Schutte -- 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.

Kelly Schutte
Signature of Registered Agent

November 15, 2016
Date

If signing on behalf of an entity:

Kelly F Schutte
Typed or Printed Name

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

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