

P16000101580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

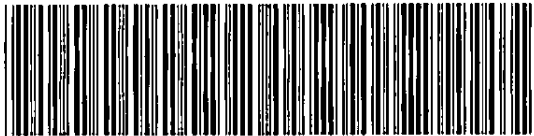
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JANUARY 11 2023

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sandia of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000101580

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:

Penny S. Carlton
Name of Contact Person
Sandia of Florida, Inc.
Firm/Company
P.O. Box 1551
Address
Wauchula, FL 33873
City/State and Zip Code
penny@sunfreshfarmsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny S. Carlton at 863 773-9199
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 JUN 20 PM 1:16
DEPT. OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2023

PENNY S CARLTON
SANDIA OF FLORIDA, INC.
P.O. BOX 1551
WAUCHULA, FL 33873

SUBJECT: SANDIA OF FLORIDA, INC.
Ref. Number: P16000101580

We have received your document for SANDIA OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

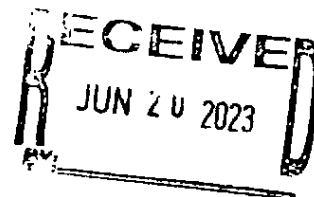
This application requires 2 signatures. You are missing the officer or director's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 823A00012206



**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: Sandia of Florida, Inc
2. The principal office address: 334 North 4th Avenue, Wauchula, FL 33873
3. The mailing address (if different): P.O. Box 1551, Wauchula, FL 33873
4. Date of incorporation/qualification: 12/29/2016 Document number: P16000101580
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)

Michael J. Canan, Esquire

301 E. Pine Street, Suite 1400

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

J Steven Southwell, II
501 W Main Street
Wauchula, FL 33873
P.O. Box NOT acceptable

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.

Penny S. Carlton
Signature of an officer or director

Penny S. Carlton 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.

[Signature]
Signature of Registered Agent

3/2/23
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)