

P19 000027573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

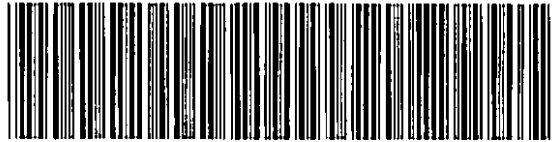
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

See 10/27/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Coast Nursery
Name of Corporation

DOCUMENT NUMBER: P 19000027573

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:

Christine Bowden
Name of Contact Person

EAST COAST NURSERY
Firm/Company

PO BOX 1352
Address

JUPITER FL 33468
City/State and Zip Code

rcmr@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Bowden at (561) 627-5539
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

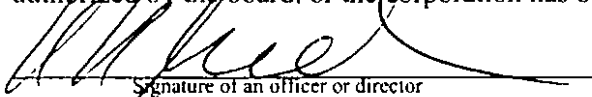
1. The name of the corporation: EAST COAST NURSERY
2. The principal office address: PO BOX 1352 JUPITER FL 33468
6782 Belvedere Rd, West Palm FL 33414
3. The mailing address (if different): PO BOX 1352, JUPITER FL 33468
4. Date of incorporation/qualification: 2019 Document number: P19000027573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporation Service Co.
1201 Hays Str.
Tallahassee, FL 32301

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

~~CHANG~~ Raymond Bowden
954 Dolphin Ct.
P.O. Box NOT acceptable
Jupiter, FL 33458

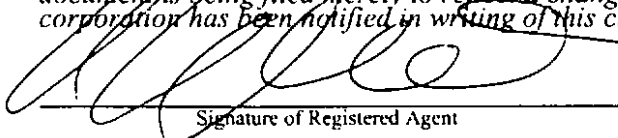
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Raymond R. Bowden
Printed or typed name and title
PRES.

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 of Registered Agent

5/19/2020
Date

If signing on behalf of an entity:

Raymond R. Bowden
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)