• (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
0				

12-10-08



400138524274

12/08/08--01020--008 **35.00

COVER LETTER

	Iment Section on of Corporations	
SUBJECT:_S	Sakata Seed America. Inc. (Name of Corp	oration)
DOCUMENT	NUMBER: P24319	
The enclosed S	statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return a	Il correspondence concerning this matter to	the following:
	Koichi Mat	sunaga
	(Name of Contac	et Person)
	Sakata Seed A (Firm/Comp	america, Inc.
	18095 Serene D (Address	Or. / POB 880
	MORGAN HIL (City/State and 2	L, CA 95038
For further info	ormation concerning this matter, please call:	• /
Lyr	Cross, Acctg Admin Mgr (Name of Contact Person)	at (408) 782-5319 (direct line) (Area Code & Daytime Telephone Number
Enclosed is a \$	35.00 check made payable to the Department	nt 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

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

statement of ch	ange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Sta ion organized under the laws of the State of <u>C</u> e	alifornia
in ord	ler to change its registered office	or registered agent, or both, in the State of Flor	rida.
1. The name of	the corporation: Sakata See	d America, Inc.	
2. The principal	l office address: 18095 Serer	ne Dr., Morgan Hill, CA 95037	
3. The mailing	address (if different): POB 880	ე, Morgan Hill, CA_95038	
4. Date of incor	rporation/qualification: 6/21/	77 Document number: P24319	
	nd street address of the current regartment of State: (If resigned, enter	gistered agent and registered office on file with terresigned)	the
	Thomas Mueller		75 S 47
	20900 State Rd 82		ECRI ECRI
	Ft. Myers, Fl 33913		2008 DEC -8 SECRETARY TALLAHASSI
6. The name an (if changed):	—	tered agent (if changed) and /or registered office	<u> </u>
	Mitch Van Page		RIE A
	20900 State Rd 82		•
	(P.O. Box NO	T acceptable)	
	Ft. Myers, Fl 33913		
The street addr as changed wil	ress of its registered office and tell be identical.	the street address of the business office of its r	egistered agent,
Such change wauthorized by t	vas authorized by resolution dul the board, or the corporation has	y adopted by its board of directors or by an of s been notified in writing of the change.	fficer so
(A)	nture of an officer or director)	Koichi Matsunaga, Executive (Printed of typed name and title	e Vice Presid
I hereby accept I further agree of my duties, at document is be corporation ha	of the appointment as registered to comply with the provisions of the lam familiar with and accep ing filed merely to reflect a cha as been notified in writing of this	agent and agree to act in this capacity. of all statutes relative to the proper and complet the obligation of my position as registered ange in the registered office address, I hereby is change.	
Midel	Van Paje	12/1/08	
	Signature of Registered Agent)	(Date)	
If signing on b	behalf of an entity:		
	Mitch Van Page (Typed or Printed Name)		

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