## P24319

(Re	questor's Name)	)			
. (Ad	dress)				
(Äd	dress)				
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me) · · ·			
(Document Number)					
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## **COVER LETTER**

то:	Amendment Section Division of Corporations					
SUBJE	ECT: Sakata Seed America, Inc. (Name of Co	orporation)				
DOCU	MENT NUMBER: P24319					
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter	to the following:				
	Kajahi M	lataunaga				
	(Name of Con	atsunaga tact Person)				
	Sakata Seed	I America, Inc.				
	(Firm/Co	mpany)				
18095 Serene Dr. / POB 880						
	(	,				
	Morgan Hill CA 95038					
	(City/State and Zip Code)					
For fur	ther information concerning this matter, please c	all:				
	Lyn Cross, Acctg Admin Mgr (Name of Contact Person)	at ( 408 ) 782-5319 (direct line) (Area Code & Daytime Telephone Number)				
Enclos	ed is a \$35.00 check made payable to the Departs	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
		<u> </u>				
	Tallahassee, FL 32314					
Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address:  Amendment Section  Street Address:  Amendment Section						

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S inge is submitted for a corporation organized under the laws of the State of $\_$ to change its registered office or registered agent, or both, in the State of Fi	Californ		_
1. The name of	the corporation: Sakata Seed America, Inc.			
2. The principal	office address: 18095 Serene Dr. / POB 880			
3. The mailing a	ddress (if different): POB 880, Morgan Hill, CA 95038	•		
4. Date of incorp	poration/qualification: 6/21/77 Document number: P24319	)		
	I street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the		
	Mitch Van Page	_		
	20900 State Rd 82	_		
	Ft. Myers, Fl 33913	- ₹ <sub>0</sub> ,	20	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	ECRETAI	2089 NOV 2	eren.
	Bryan Zingel	RY 0	ယ	m
	20900 State Rd 82 (P.O. Box NOT acceptable)	FLO	PH :	O
	Ft. Myers, Fl 33913	RICE	56	
	ess of its registered office and the street address of the business office of its be identical.			nt,
authorized by the	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	officers	,0	
(Signati	wre of an officer or director)  Koichi Matsunaga, Exec \ (Printed or typed name and to	/ice Pr	<u>esider</u>	<u>1t</u>
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and com ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereb s been notified in writing of this change.	iplete pe d agent. sy confir	erforma Or, if i m that	nce this the
<b>x</b>	11/11/2009	7		_
·	grigatre of Registered Agent) (Date)			
it signing on be	chalf of an entity:			
C	Bryan Zingel 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