P35095

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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RAcharso 10/1/03



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

September 19, 2003

SUR-LLINE TURF, INC. 19637 GORGAS ROAD NORTHPORT, AL 35475

SUBJECT: SUR-LINE TURF, INC.

Ref. Number: P35095

We have received your document for SUR-LINE TURF, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 503A00052055

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

		s 607.0502, 617.0502 <mark>,</mark> d under the laws of the .		
		a unuer the taws of the . ter to change its registe		
the State of Flor		0 0	W • • • • • • • • • • • • • • • • • • •	
1. The name of	he corporation: Sur-	-Line Turf, Inc	*	
2. The mailing a	ddress of the corporati	ion: 19637 Gorga	as Rd. Northpo	ort, AL 35475
3. Date of incor	poration/qualification:	January 1991	_Document number:	n/a
4. The name and	address of the current	registered agent and re	gistered office:	
_	CT Corporat	tion System		0
_	1200 S. Pir	ne Island Road		
_	Plantation	, FL 33324		
5. The name and		gistered agent (if change P.O. Box NOT Accepta		office (if changed)?
•••	CorpDirect	Agents, Inc.		100 6
	103 N. Mer	idian St., Lower	Level	
_	Tallahasse	e, FL 32301		·
The street addre	ss of its registered off d, will be identical.	ice and the street addre	ss of the business offi	ce of its registered
Such change was	s authorized by resolu	ntion duly adopted by it	s board of directors o	r by an officer so
		201	9	112/02
(Signature o	f an officer, chairman or vice	chairman of the board)		ate)
Louis N	Lambert			
Having been no	(Printed or typed name a		a af munagan fan eka ak	
corporation, I had further agree to performance of registered agent	ereby accept the appo- o comply with the pro- my duites, and I am fa	nt and to accept service intment as registered a visions of all statutes re miliar with and accept	e of process for the act gent and agree to act elative to the proper a the obligation of my j	in this capacity. ind complete position as
regimered ugeni	dod		9/8/03	
(Si	gnature of Registered Agent)		(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on behalf	of an entity:			
Ed B. Lar	y yped or Printed Name)		Assistant S (Capacity)	ecretary
(1	Aben or a timen Manuel		(Capacity)	
* * * FILING FEE: \$35.00 * * *				

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