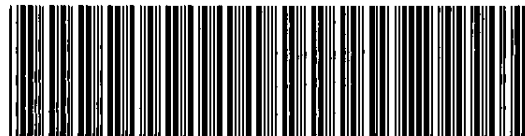


P9200001256

- Calavera
- Costa Farms
22290 SOUTHWEST 162nd AVENUE - GOULDS, FLORIDA 33170



400209660044

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

07/11/11--01013--014 **35.00

Special Instructions to Filing Officer:

Office Use Only

RA
C
S

FILED
2011 JUL 11 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Mike Costa Foliage, Inc.
2. The principal office address: 14201 S.W. 216 Street
Miami, FL 33170
3. The mailing address (if different): 14201 S.W. 216 Street
Miami, FL 33170
4. Date of incorporation/qualification: 12/17/92 Document number: P92000012756
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)

Resigned

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

Arianna Cabrera
22290 S.W. 162 Avenue
P.O. Box NOT acceptable
Goulds, FL 33170

2011 JUL 11 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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]
Signature of an officer or director

Miguel A. Costa, 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

7/7/11
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 (8/05)