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## **COVER LETTER**

TO:

Amendment Section **Division of Corporations** 

Southern Greens, Inc.

Name of Corporation

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:

Oscar B. Rich

Name of Contact Person

Southern Greens, Inc.

Firm/Company

84 Edwards Drive

Address

Rockledge, FL 32955

City/State and Zip Code

admin@southerngreens.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

Amy MacFarlane

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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statèment of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
	the corporation: Southern Gr	· · · · · · · · · · · · · · · · · · ·
		Drive Rockledge, FL 32955
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 10/22/1	1993 Document number: P9300074824
	nd street address of the current reg artment of State: (If resigned, ente	· [ ]
	Oscar B. Rich	
	1790 N Merrimac Dr.	
	Merritt Island, FL 32952	ာ က
6. The name an (if changed):	<del>-</del>	ered agent (if changed) and /or registered office
	James C. Rich	
	84 Edwards Drive	
	Rockledge, FL 32955	. Box NOT acceptable
The street addr	ress of its registered office and th I be identical.	e street address of the business office of its registered agent,
Such change wauthorized by t	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Signat	CAN E CONTURE Of an officer or director	Oscar B. Rich, Owner Printed or typed name and title
I further agree performance o	to comply with the provisions of f my duties, and I am familiar wi	igent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address, I otified in writing of this change.
Mi	u Shil	09/23/2015
	gnature of Registered Agent ehalf of an entity:	Date
-	Evped or Printed Name	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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