

P94000070882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECY OF STATE
WALLACE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Village Farmers Market, Inc.
(Name of corporation)

DOCUMENT NUMBER: P94000070882

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:

James Benjamin Harrill
(Name of contact person)

Figurski & Harrill
(Firm/Company)

2550 Permit Place
(Address)

New Port Richey, Florida 34655
(City/state and zip code)

For further information concerning this matter, please call:

James Benjamin Harrill at (727) 942-0733
(Name of contact person) (Area code & daytime telephone number)

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
409 E. Gaines Street
Tallahassee, FL 32399

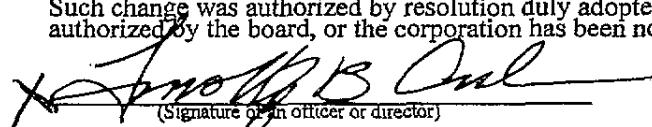
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

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:	<u>Village Farmers Market, Inc.</u>
2. The principal office address:	<u>8128 SR 54</u> <u>New Port Richey, Florida 34653</u>
3. The mailing address (if different):	<u>P.O. Box 1463</u> <u>Elfers, Florida 34680-1463</u>
4. Date of incorporation/qualification:	<u>09/27/94</u> Document number: <u>P94000070882</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	<p><u>J Ben Harrill</u> <u>2435 U.S. Highway 19</u> <u>Holiday, Florida 34691</u></p>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	<p><u>J Ben Harrill</u> <u>2550 Permit Place</u> (P.O. Box NOT acceptable) <u>New Port Richey, Florida 34655</u></p>

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

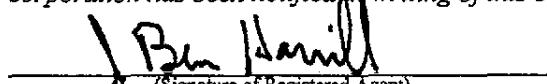
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Timothy B. Crider
(Signature or printed name and title)

05 MAR 23 P: 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 of Registered Agent)

3/18/05 (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