

P960000019411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

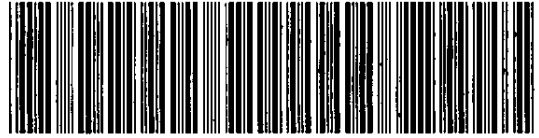
(Business Entity Name)

(Document Number)

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change

02/01/10--01012--010 **175.00

02/10/10--01029--010 **10.00

FILED
2010 FEB -1 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Evergreen Carlson, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000019411

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:

Kim M. Stanfield
Name of Contact Person

The Hogan Law Firm
Firm/Company

20 So. Broad Street
Address

Brooksville, Florida 34601
City/State and Zip Code

kstanfield@hoganlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim M. Stanfield at (352) 799-8423
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THE HOGAN LAW FIRM®

*We mean business*SM

February 5, 2010

Florida Department of State
PERSONAL AND CONFIDENTIAL
Attn: Annette Ramsey
P.O. Box 6327
Tallahassee, Florida 32314

Re: Evergreen Carlson, Inc., Document No. P96000019411

Dear Annette:

Following up our telephone conversation today, I enclose our firm's check in the amount of \$10.00 to cover the balance due for the Statement of Change of the Registered Office and Registered Agent for Evergreen Carlson, Inc.

I appreciate your assistance in processing this change.

Sincerely,



KIM M. STANFIELD
Legal Assistant

kms
Encs.

~~200168438942~~
~~02/10/10-01029 010 **10.00~~

**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: Evergreen Carlson, Inc.
2. The principal office address: 9021 MCINTYRE ROAD, BROOKSVILLE FL 34601

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/29/1996 Document number: P96000019411

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)

CARLSON, CAREY J

9021 MCINTYRE ROAD

BROOKSVILLE FL 34601 US

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

The Hogan Law Firm, LLC

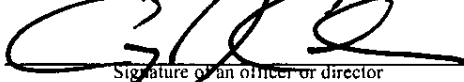
20 So. Broad Street

P.O. Box NOT acceptable

Brooksville, Florida 34601


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 of an officer or director

Carey J. Carlson, 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 of Registered Agent

Date

If signing on behalf of an entity:

The Hogan Law Firm, LLC

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA