P96000101800

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: The Wright-Horvath Nursery In (Name of Cor	C
DOC	UMENT NUMBER: P9000101800	
The e	nclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
	lovce l	€ alloo
	Joyce I (Name of Conta	act Person)
The Wright Horvath Nursery Inc. (Firm/Company)		
	(i and com	pun,)
4855 Pierce Arrow Drive		
	(Addre	ss)
	Apopka (City/State and	I, Florida 32712
For fu	rther information concerning this matter, please cal	
	Joyce Kalloo (Name of Contact Person)	at (407) 256-8150 (Area Code & Daytime Telephone Number)
Enclo	sed is a \$35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

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

-	ge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: The Wright-Horvath Nursery Inc.
2. The principal of	fice address: 4855 Pierce Arrow Drive
Apopka Flor	ida 32712
3. The mailing add	lress (if different):
4. Date of incorpo	ration/qualification: 12/16/1996 Document number: P96000101800
	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned)
<u>E</u>	Barbara M. Krueger Programme Program
4	1604 Rock Springs Road
<u> </u>	Apopka, Florida 32712
6. The name and s (if changed):	treet address of the current registered agent and registered office on file with the nent of State: (If resigned, enter resigned) Barbara M. Krueger H604 Rock Springs Road Apopka, Florida 32712 treet address of the new registered agent (if changed) and /or registered office
<u>. v</u>	loyce Kalloo
<u>4</u>	1855 Pierce Arrow Drive (P.O. Box NOT acceptable)
	Apopka, Florida 32712
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Babay MK	or an officer or director) Barbara Krueger- Horvath (Printed or typed name and title)
I further agree to of my duties, and document is being corporation has t	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this of filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
- Gy	ature of Registered Agent) (Date)
If signing on beha	alf of an entity:
(Туу	ped or Printed Name)

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