P97000003280

Requestor's Name DUNCAN & TARDIF, P. A. SUITE 101, 1601 JACKSON STREET POST OFFICE BOX 249 FORT MYERS, FLORIDA 33902-0249			
City/State/2	ip Phone #	Office Use Only	
CORPORATION N	IAME(S) & DOCUMENT N	UMBER(S), (if known):	
1.			
(Согра	ration Name)	(Document #)	
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(Corpo	ration Name)	(Document #) (Document #) (Document #)	
3.			
(Согра	ration Name)	(Document #)	
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(Corpo	ration Name)	(Document #)	
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Walk in	Pick up time	_ Certified Copy	
☐ Mail out ☐	Will wait Photocop	y Certificate of Status	
NEWFILINGS			
	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/ I	Director	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Метдет		
OTHER FILINGS	REGISTRATION/		
Аллиаl Report	QUALIFICATION		
Fictitious Name	Foreign	RA Chg.	
Name Reservation	Limited Partnership]	
tamine iveget annour	Reinstatement	1	
	Trademark	VS FEB 2 5 1997	
	Other	1	

Examiner's Initials

CR2E031(1/95)

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: RIGSBY NURSERY, INC.
1b. Date of incorporation 01/07/97 Document number P9X00000328
2. The name and address of the current registered agent and office: Robert W. Rigsby
18671 Palm Creek Drive, N.Fort Myers, FL 33917
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) David M.Rigsby
18671 Palm Creek Drive, N.Fort Myers, FL 33917
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. X David M. Rigsby, President SIGNATURE Typed or printed name and title 2-/2-97 DATE
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. SIGNATURE (Registered Agent) DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) FILING FEE: \$35.00