P97000003286

Duncan É Re Post Offi Et. Myer City/State	Jardy P. A. questor's Name Box 249 Address S F1 33402.0249 Phone # NAME(S) & DOCUMENT NUMBI	800002094058——3 -02/21/9701026014 *****35.00 *****35.00 Office Use Only
1(Corp	poration Name) (Docum	
3(Corp	oration Name) (Docum	nent #) 17 SE 77 FE 8 2
□ Walk in [Pick up time Photocopy	Certificate of Status
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ FOREIGN Foreign Limited Partnership Reinstatement Trademark Other	RA Chg. VS FFR 2 5 1997
		' '77/

Examiner's Initials

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

Floi F or r	rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, rida Statutes, the undersigned corporation organized under the laws of the State of lorida submits the following statement in order to change its registered agent, or both, in the State of Florida.
1a.	The name of the corporation is: Professional Agricultural Land Management, Inc.
1b.	Date of incorporation 01/07/97 Document number .P97000003286
2.	The name and address of the current registered agent and office: David M. Rigsby
	18671 Palm Creek Drive, N. Fort Myers, FL 33917
3. T	The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Robert W. Rigsby
	18671 Palm Creek Drive, N. Fort Myers, FL 33917
of it	estreet address of its registered agent and the street address of the business office its registered agent as changed will be identical. Ch change was authorized by resolution duly adopted by its board of directors or by officer so authorized by the board. Robert W. Rigsby, President Typed or printed name and title DATE
PRO IN AG WIT PLE	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED ENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY IN THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT E OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE (Registered Agent) DATE DATE OR OF THE ABOVE STATED AGENT AND THE PLACE DESIGNATED AGENT.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

CR2E045 (7-91)