PO 70000 4524

Law Office of Ann W. Rogers 595 North Nova Road, Suite 115 Ormond Beach, FL 32174 (904)672-4014

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.						
	(Corporation Name)	(Doct	ument #)			
2.						
	(Corporation Name)	(Doct	ument #)			
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NEW FILINGS	AMENDMENTS:
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Linbility	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

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	Foreign	N
	Limited Partnership	
	Reinstatement	
	Trademark	
	Other	

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Examiner's Initials

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Florida Department of State, Jim Smith, Secretary of State

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 __Florida_both, in the State of Florida.

1a. The name of the corporation is:COUNTRY CREAMERY, INC.	
1b. The mailing address of the corporation is: 975 North Leavitt Avenue	
Orange City, FL 32763	
1c. Date of incorporation: 1-10-97 Document number: P9700004524 2. The name and address of the current registered agent and office: Ann W. Rogers	
505 North Nove Book 445	
Ormond Beach, Florida 32174	
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	FILED
1 - 27/9 Jo. WOODCAND BLVD	
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.	
2-1293	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Printed for typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
Giunature of Registered Access	

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

(Date)

.FILING FEE: \$35.00