## P97000086677

## PLANTS 4 U CORPORATION

1825 N. SPRING GARDEN AVE. DeLAND, FL 32720

Office Use Only

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

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NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION	FILED RETARY OF STAT N OF CORPORAT
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	Large

CR2E031(7/97)

12-4-200

Examiner's Initials

## 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 <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation: PLANTS 4 U CORPORATION
2. The mailing address of the corporation: <u>1825 SPRING CARDEN AVENUE</u> DELAND, FLORIDA 32720
3. Date of incorporation/qualification: OCT. 07, 1997 Document number: P97000086677
4. The name and address of the current registered agent and office:
ADA PACHECO
1057 MADURA DRIVE
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
-1825 N. 5 Bring GARDON 19616 -De Sand FL 32720
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.  (Signature of a officer, chairman of the chairman of the board)
RAFAEL MACHADO - PRESIDENT
(Printed or typed name and tide)  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 propisions of all statutes relative to the proper and complete performance of my dilities, and I am familiar with and accept the obligation of my position as registered agent.  (Signature of Registered rigidit)  (Cate)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2HDIS(9/00)  DIVISION OF CORPORATIONS  P.O. BOX 6327  TALLAHASSEE, FL 32314