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

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(Corporation Name)	(Document#) 200052538723 -04/11/0201050009 *****35.00 *****35.00
(Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark
	Other Examiner's Initials T. January

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED AGENT 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' 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: Touch of Dutch Nurseries, Inc. The mailing address of the corporation: P.O. Box 1212 Tallahassee, FL 32302 3. Date of incorporation/qualification: 03/16/1998 Document number: P98000024440 4. The name and address of the current registered agent and office: Van P. Geeker 1322 Thomaswood Drive Tallahassee, Florida 32312 5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P.O. Box Not Acceptable) Van P. Geeker Igler & Dougherty, P.A. 1501 Park Avenue East, Tallahassee, Florida 32301 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. 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. If signing on behalf of an entity: (Typed or Printed Name) (Capacity)

FILING FEE: \$35.00