99800037678

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e#)	
PICK-UP	☐ WAIT	MAIL	
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RASA 19



June 9, 2003

FLORIDA SECRETARY OF STATE Corporation Division P O Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: DESIGNER MULCH, INC.

Clanic Case

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 5916 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Case

enclosures



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

	provisions of sections 607.0502, 617.0502, 607 corporation organized under the laws of the State	
	owing statement in order to change its registered to	
the State of Flori	-	of the state of th
•	the corporation is: DESIGNER MULCH, I	NC.
The manie of b	nic corporation to	
2. The mailing ac	address of the corporation is:	
One River	rway, Suite 1400, Houston, TX 77056	
3. Date of incorp	poration/qualification: 4/27/98 Do	cument number: P98000037678
4. The name and	d address of the current registered agent and office:	
.0	CT Corporation System	
1	1200 South Pine Island Road	
<u>P</u>	Plantation, FL 33324	
5. The name and	daddress of the new registered agent and office: (P.	O. Box Not Acceptable
<u>c</u>	Capitol Corporate Services, Inc.	SERGE E
1:	333 North Duval St.	
	Fallahassee, FL 32303	
The street address agent, as change	ss of its registered office and the street address of ed, will be identical.	the business office of its registered
Such change was authorized by the	s authorized by resolution duly adopted by its boate board.	ard of directors or by an officer so
		10/11/2007
(Signature of	f an officer, chairman or vice chairman of the board)	(Date)
J. Empres	(Printed or typed name and title)	
corporation, I he I further agree to	med as registered agent and to accept service of pereby accept the appointment as registered agent ocomply with the provisions of all statutes relative my duties, and I am familiar with and accept the control.	and agree to act in this capacity. ve to the proper and complete
Delar	nie Case	10-9-03
(Sig	gnature of Registered Agent)	(Date)
If signing on behalf	of an entity:	
Delanie Cas		Asst. Sec.
(1)	yped or Printed Name)	(Capacity)
	* * * FILING FEE: \$35.00 * *	*
CR2E045(7/97)		

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS