

PA800058723

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : NELSON MULLENS RILEY & SCARBOROUGH, ORLANDO
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4204

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
ROBINSON NURSERY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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2024 JAN -2 PM 5:24
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation: ROBINSON NURSERY, INC.
- The principal office address: 2136 West Kelly Park Road
Apopka, Florida 32712
- The mailing address (if different): _____
- Date of incorporation/qualification: 07/01/1998 Document number: P98000058723
- The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

B&C Corporate Services of Central Florida, Inc.

390 North Orange Avenue, Suite 1400

Orlando, Florida 32801

- The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Yoo S. Um

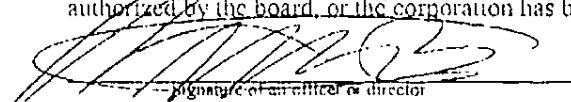
1033 Spinning Wheel Drive

P.O. Box NOT acceptable

Apopka, Florida 32712

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, or the corporation has been notified in writing of the change.

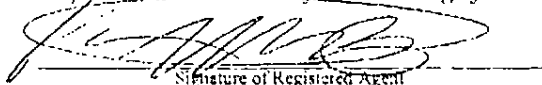


Signature of an officer or director

Yoo S. Um President

Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

1/2/2024
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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