

PA8000086335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

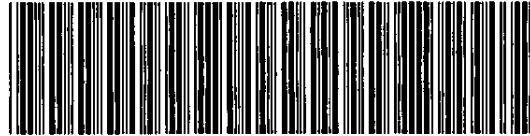
(Business Entity Name)

(Document Number)

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10/15/15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southern Greens Fertilization & Pest Control, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P98000086335

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar B. Rich

Name of Contact Person

Southern Greens, Inc.

Firm/Company

84 Edwards Drive

Address

Rockledge, FL 32955

City/State and Zip Code

admin@southerngreens.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy MacFarlane

Name of Contact Person

at ( 321 ) 633-6060

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2015

OSCAR B. RICH  
84 EDWARDS DRIVE  
ROCKLEDGE, FL 32955

SUBJECT: SOUTHERN GREENS FERTILIZATION AND PEST CONTROL, INC.  
Ref. Number: P98000086335

We have received your document for SOUTHERN GREENS FERTILIZATION AND PEST CONTROL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name given and the document number do not match. Please verify your information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 715A00021039

**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.

1. The name of the corporation: Southern Greens Fertilization and Pest Control Inc.

2. The principal office address: 84 Edwards Drive Rockledge, FL 32955

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/08/1998 Document number: P98000086335

5. 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)

Oscar B. Rich

1790 N Merrimac Dr.

Merritt Island, FL 32952

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

James C. Rich

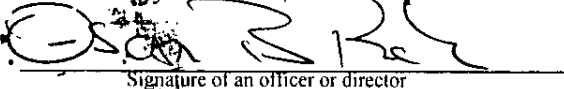
84 Edwards Drive

P.O. Box NOT acceptable

Rockledge, FL 32955

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

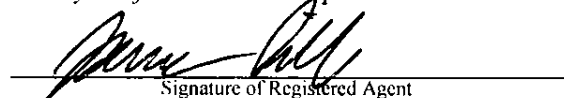
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Oscar B. Rich, Owner

Printed or typed name and title

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

09/23/2015

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

CR2E045 (03/12)

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TALLAHASSEE, FL 32314