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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Southern Gardens Citrus Processing Corporation
Name of Corporation
DOCUMENT NUMBER: S02888

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:

## Name of Contact Person Southern Gardens Citrus Processing Corporation Firm/Company 1820 County Road 833 Address Clewiston, FL 33440 City/State and Zip Code

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

For further information concerning this matter, please call:

Elaine Wood

Name of Contact Person

Name of Contact Person

at (863 902 - 2125)

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

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

statement of cha	orovisions of sections 607.0502, 61 nge is submitted for a corporation ( r to change its registered office or r	organized under the laws of the St	ate of Florida
I. The name of t	he corporation: Southern Gar	Leon Avenue	201poration
2. The principal	office address: 111 Ponce de Clewiston, FL		<del> </del>
		33440	<u>-</u> .
3. The mailing a	ddress (if different): Same		
4. Date of incorp	poration/qualification; 9/28/199	O Document number:	S02888
	street address of the current registe tment of State: (If resigned, enter re		i file with the
	Edward Almeida - Regist	ered Agent	
	111 Ponce de Leon Aver	nue	
	Clewiston, FL 33440		2018 JAH - 12 12 12 12 12 12 12 12 12 12 12 12 12
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registe	ered office
	Luke Kurtz - Registered	Agent	
	111 Ponce de Leon Aver		
	Clewiston, FL 33440	NOT acceptable	·
The street addre as changed will	ess of its registered office and the s be identical.	treet address of the business office	ce of its registered agent,
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or en notified in writing of the chang	by an officer so ge.
Clans	Wood	Elaine Wood, Secr	
•	re of an officer or director	Printed or typed nam	
I furthér agrée i performance of avent. Or. if thi	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely that the corporation has been noti	l statutes relative to the proper a and accept the obligation of my p o reflect a change in the registere	ty. nd complete nosition as registered ed office address, I
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	ped or Printed Name		

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

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