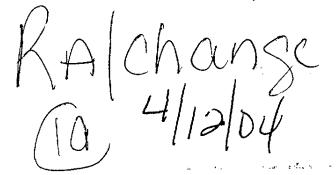
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				







04/05/04--01049--018 \*\*35.00



## TRANSMITTAL LETTER

TO: Amendment Section	TALL BY
Division of Corporations	R-5
SUBJECT: Southern Gardens Citrus Holding Corporation (Name of corporation)	FILED 1: 10 TALLAHASSEE FLORIDA
DOCUMENT NUMBER: S03694	NO PORTO
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:	
Steven B. Gold	_
(Name of person)	•
Southern Gardens Citrus Holding Corporation	
(Name of firm/company)	
111 Ponce de Leon Avenue	
(Address)	
Clewiston, Florida 33440	
(City/state and zip code)	
For further information concerning this matter, please call:	
	•
Steven B. Gold         at ( 863 ) 902-2126           (Name of person)         (Area code & daytime tele	
(Name of person) (Area code & daytime tele	ephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the p	rovisions of section	s 607.0502, 617.0502, 607.15	108, or 617.1508,	Florida Statutes,	this statement of
change is submitt	ed for a corporatio	n organized under t <u>he</u> laws oj	the State of	Florida	in order
to change its regi	stered office or reg	istered agent, or both, in the S	State of Florida.		
1. The name of th	e corporation:	Southern Gardens Ci	itrus Holdin	e Corporatio	<u>)n</u>
2. The principal o	ffice address:	Ill Ponce de Leon A	venue		
		Clewiston, Florida	33440		
3. The mailing ad	dress (if different):				
4. Date of incorpo	oration/qualification	n: <u>9/28/1990</u> _ Do	cument number:	s03694	
5. The name and s Florida Departr		current registered agent and	registered office of	on file with the	
_	Stephen	V. Coffman			0
_	111 Pond	e de Leon Avenue			O4 APR -5 PM
_	Clewisto	on, FLorida 33440		· · - · - · - · - · - · - · - · -	R-5 P
6. The name and s (if changed):	street address of the	e new registered agent (if char	ged) and /or regi	stered office	REFERENCE TO
_	Steven E	3. Gold	· · · · · · · · · · · · · · · · · · ·		
_	111 Ponc	e de Leon Avenue			
_		(P.O. Box or personal mailbox NOT	Cacceptable)		_
_	Clewisto	on. Florida 33440	-	÷ .	
The street addres changed will be i	s of its registered of dentical.	office and the street address	of the business of	ffice of its regist	ered agent, as
Such change was the board, or the	authorized by rescorporation has be	olution duly adopted by its been notified in writing of the	oard of directors change.	or by an officer	so authorized by
Shu	mature of an officer or di	ector)	Steven B.	Gold, Secre	tary
I hereby accept the street of		registered agent and agree to the control of the co	•	21	,
Show	ignature of Registered A	vent)	April 2, 2	(Date)	· ·
If signing on beha				(Date)	
Southern G	ardens Citrus	Holding Corporation	Se	cretary	
	(Typed or Printed Name)			(Capacity)	

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