505699

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

	ment Section n of Corporations		
SUBJECT:	Zipperer Farms, Inc. Name of C	Corporation	
DOCUMENT !	NUMBER: <u>\$05699</u>		
The enclosed St	atement of Change of Registered Office	ce/Agent and fee a	are submitted for filing.
Please return all	correspondence concerning this matte	er to the following	;;
	Donna Metz Oates	•	
		ontact Person	
		.	
	Zipperer Farms,	ompany	
		• •	
	2725 Hanson Stre		
	Add	dress	
	Fort Myers, FL	33902	
	City/State a	nd Zip Code	
	donnadainaceartarmaina	a am	
	donna@zippererfarmsinc. E-mail address: (to be used for	future annual rep	ort notification)
	·	_	
For further info	rmation concerning this matter, please	call:	
Donna Met	z Oates	at (239	332-1857
1	Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Depar	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi Clifto	Address: dment Section on of Corporations n Building Executive Center Circle
	Tallahassee, FL 32314		assee, FL 32301

TO:

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

statement of cha	nge is submitted f	or a corpora	ation organized	7.1508, or 617.1508 under the laws of the agent, or both, in the	e State of	orida -		
1. The name of t	he corporation:	Zippere	r Farms, Inc	; .				
2. The principal	•		nson Street ers, FL 339	01				
3. The mailing a	ddress (if differen	t): P. O.	Box 640					_
	` 			3902				
4. Date of incorp	ooration/qualificat	ion: <u>10/0</u> :	1/1990	Document number:	S05699			
	street address of tement of State: (If		-	and registered office	on file with the	3		
	R. Douglas	Zippere	r					
	2725 Hanso	n Street						
	Fort Myers	, FL 339	901			TALI	14	
6. The name and (if changed):	street address of t	he new regi	stered agent (if	changed) and /or reg	istered office	CRETARY OF LAHASSEE, F	9- AON +	
	Donna Metz	Oates				E. C.	Ā	
	2725 Hanso		P.O. Box NOT accepta	1.1.	····	STATE FLORID	2: 10	
	Fort Myers		901			Þ		
The street addre	ss of its registered be identical.	l office and	the street addre	ss of the business o	ffice of its regi	stered ag	gent,	
Such change wa	s authorized by re	solution du	ly adopted by it	s board of directors in writing of the ch	or by an office			
Signated	e of an officer or directs	ty-		R Douglas Printedor typed	Zpoere		_	
I hereby accept if further agree to performance of agent. Or, if this hereby confirm to	the appointment as comply with the my duties, and I as document is being the the corporation	s registered provisions m familiar v ng filed mer on has been	d agent and agre of all statutes re with and accept ely to reflect a c notified in writ	ee to act in this cape elative to the proper the obligation of m change in the regist ing of this change.	acity. And complete y position as re ered office add	gistered ress, I		
Moxia Sign	MAT De ature of Registered Age	tes		11/01/201			_	
If signing on bel	nalf of an entity:							
	Metz DA	+en-						
Tν	ned or Printed Name							

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