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12/15/20



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	REEDER FARMS, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered (Office Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning	; this matter to	the following:		
CLAR	K REEDER				
	Name of Person				
	Firm/Company				
P.O. B	OX 1546				
	Address				
PALM	ETTO, FL 34220				
	City/State and Zip Cod	c			
clarkre	eder@verizon.net				
E	-mail address: (to be used for future	annual report r	notification)		
For fur	ther information concerning this mat	ter, please call	:		
		at ()		
	Name of Person	ar (Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ing amount:			
	■ \$25 Filing Fee	Ç	☐ \$55 Filing Fee & Certified Copy		
INHS18	8 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14108 US 41 NORTH	1180	0 8TH AVE W #513
	PALMETTO, FL 34221	PAI	.METTO, FL 34221
	09/25/2009	1.0900	00093211
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	John Quintan, Esq.		
	Registered Office Address (MUST BE FLORIDA STREET		
	601 12th Street West		
	Bradenton , F	34205	200 SE
	, r	.1.	2020 NOV SECRETALLA
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	-5 F
	Michael M. Hamrick		OF STATE OF
	NEW Registered Office Address:		
	601 12TH STREET WEST		
	BRADENTON F	L	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members celes of organization or the operating agreement of the	e registered offi liability compan of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Clark Recder		Clark Rece	der, Manager
C:	ture of a member or authorized representative of a member	: _ _	Printed or typed name of signee

Michael M. Hamrick Signature of Registered Agent