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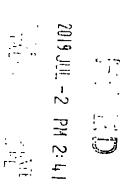
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R. WHITE
JUL 16 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AR BAR RANCH LLC, Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Ankins Jo
AR PAR RANCH LLC Firm/Company
Po Bux 10332 Address
Procksville FL 34(03) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Abkins Jr at (352) 279-0907 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
S25 Filing Fee & Certified Copy
INHS18 (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

1. Nar	me of the limited liability company: AR EAR RANCH LLC	
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)	
	7508 FIAT AVC	
	Brooksville, Fl 34613	
	Auc 8, 2013 L13000102291	
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Sandra R ADKINS - HAVIS	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	201
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	و
	7508 FIAT Ave	=
		<
	13r00KSvile Fr 34613	Į.
41-1	Janes Adrins Jr	PH 2: 4
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	÷-
	NEW Registered Office Address:	
	24440 Monion Hill KD	
	Brooksville .FL 34601	
the ch	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after sange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in tricles of organization or the operating agreement of the limited liability company. Printed or typed name of signee	·)
-	nature of a member or authorized representative of a member	
the ob	beby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sistons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed trely reflect a change in the registered office address, I hereby confirm that the limited liability company has been led in writing of this change.	
поизи	JAMES ADBINS SS.	
Signat	ture of Registered Agent	
-	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)