11600110985

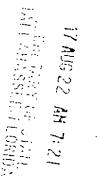
(F	Requestor's Name)			
(A	address)			
(A	(ddress)			
,(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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08/22/17--01019--014 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	IRRIGATION MANAGEMEN	IT CONS	JLTING, LLC		
00201		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to	the following:		
NANC	CY I. POTTER				
	Name of Person				
MURI	PHY, TAYLOR, SIEMENS & ELLI	OTT P.C.			
-	Firm/Company				
3007	FREDERICK AVENUE				
	Address				
ST. J	OSEPH, MO 64506				
	City/State and Zip Code				
nancy	potter@mtselaw.com				
E	-mail address: (to be used for future ann	ual report n	otification)		
For fur	ther information concerning this matter.	please call:			
Nancy	/ Potter	816 at (364-6677		
	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:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

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.

(a)	5175 Northwest Valley Road	(b) 5175 Northwest Val		Northwest Valley Road
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Platte Woods, MO 64151		Platte	Woods, MO 64151
	06/08/2016			0110985
	Date of filing/registration in Florida	4.		Document number
(a)	CT CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records	s of the Flo	orida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDR	ESS)	
	1200 South Pine Island Road			
	Plantation	FL	33324	17 AUG 22
(b)	InCorp Services, Inc.			• •••
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	ered Office	e address:	AN 7:21
	NEW Registered Office Address:			
	17888 67th Court North			
	Loxahatchee	FL	33470	
e cha ent v is/wo	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the member cles of organization or the operating agreement of the authority with the action of the operating agreement of the authority with the authority with the action of the operating agreement of the authority with the action of the operating agreement of the action o	s of the r d liability rs of the	egistered o y company, Timited liab ed Iiability,	flice and the business office of the register it is hereby confirmed that the change(s) bility company or as otherwise provided in

Division of Corporations• P.O. Box 6327• Tallahassee, Fl. 32314 FILING FEE: \$25.00

on behalf of Incorp Services, Inc.

Signature of Registered Agent