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

Pursuont 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.

I. Na	me of the limited liability company: Florida Citrus I	toldings f	LC	
2. (a)	2550 Goodlette Rd. N.	(ს)	3665 East Bay Drive	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Naples, Florida 34103		Suite 204, MB 435	
			Largo, Ft. 33771	
	06/29/2005		M05000003619	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Drumm, Thomas J			
.·. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida L	Dept. of State:	
	999 Vanderbilt Beach Rd. #507			1
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2024 FE8	
	Naples, FL_	34108		
			······································	i
(b)	Business Filings Incorporated		<u></u> -	į-
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ailds	<u>ess</u> :	***
	1200 South Pine Island Road		52	
	NEW Registered Office Address:			
	Plantation	33324		
	, FL_			
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registo bility con f the limit limited lis Ent	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ibility company. William Thomas, Vice-President of Collier cryrises Management, Inc., manager of Collier Investments, LI mager.	.C.,
	ture of a member or authorized representative of a member		Printed or typed name of signee	
notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to act i performa I för in Cl ereby cor	n this capacity. I further agree to comply with the see of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed after that the limited liability company has been	
	,-sf: -			
	te of Registered Agent Das, AVP, Business Filings Incorporated			
CITIS	Das, Avr., Business rungs theorporated Division of Corporations• P.O. B FILING FE			