

MISU00002516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

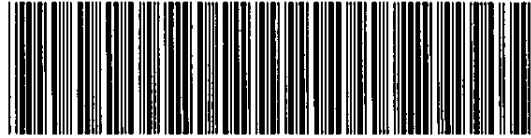
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Farm Stores Franchising, 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:

Garcia-Pedrosa, Jose

Name of Person

Farm Stores Franchising, LLC

Firm/Company

2937 SW 27th Avenue, Suite # 203

Address

Coconut Grove, Florida 33133

City/State and Zip Code

carlos.bared@farmstores.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Gutierrez at (305) 264-5205
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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 7, 2015

JOSE GARCIA PEDROSA
2937 SW 27TH AVE
STE 203
COCONUT GROVE, FL 33133

SUBJECT: FARM STORES FRANCHISING, LLC
Ref. Number: M15000002516

We have received your document for FARM STORES FRANCHISING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 015A00016715

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.

1. Name of the limited liability company: Farm Stores Franchising, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2937 SW 27th Avenue, Suite 203

Coconut Grove, Florida 33133

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2937 SW 27th Avenue, Suite 203

Coconut Grove, Florida 33133

04/07/2015

M15000002516

3. Date of filing/registration in Florida

4.

Document number

5. (a) Garcia-Pedrosa, Jose

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

18001 Old Cutler Road, Suite 370

Palmetto Bay, _____, FL 33157

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2937 SW 27th Avenue, Suite 203

Coconut Grove, _____, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carlos Bared

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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