L15000201266

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only) State/219/1 Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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MAY 1: 2020 MACNAIR

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations							
*	· '						
Atlantic Produce Growers LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Alex M Kline							
Name of Person							
Atlantic Produce Growers LLC							
Firm/Company							
105 40th Court							
Address							
Vero Beach, FL 32368							
City/State and Zip Code							
alex@atlanticproduce.com							
E-mail address: (to be used for future annual report	rt notification)						
For further information concerning this matter, please c	all:						
Alex M. Kline 77 at (72 473-3922						
Name of Person	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 following amount	t:						
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

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

I. Na	me of the limited liability company: Atlantic Produc	e Growei	rs L	LC	
2. (a)	Atlantic Produce Growers LLC		(b)	Atlantic Pre	oduce Growers LLC
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	105 40th Court			105 40th Co	ourl
	Vero Beach, FL 32968			Vero Beach	, FL 32968
	04/23/2020		I	L1500020120	66
5 .	Date of filing/registration in Florida	4.	-	·	Document number
i. (a)	Heather P. Kline				
1. (d)	Registered Agent and Registered Office shown on the records	of the Flor	rida	Dept. of State	:
	Atlantic Produce Growers LLC				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	:SS)	<u>-</u>	
	105 40th Court				
(b)	Vero Beach	FL FL			
	Alex M. Kline Enter name of NEW Registered Agent and/or NEW Registered	ed Office	ado	lress:	
	105 40th Court				
	NEW Registered Office Address:				
	105 40th Court				
	Vero Beach	FL32968			
change igent v was/we	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of the corrections.	he regist liability s of the l he limite	ere cor imi d li	d office and npany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided i
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to d le perfor ded for ii I hereby	ict ma n C	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree to comply with a uties, and I am familiar with and acc F.S. Or, if this document is being fi he limited liability company has been
/ / / Sienatu	re of Registered Agent				