I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

SIGNATURE: FRANCES WALKER

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L06000048721

Entity Name: WALKER AND SONS FARM LAND COMPANY, LLC

Current Principal Place of Business:

2349 ASHVILLE HWY MONTICELLO. FL 32344

Current Mailing Address:

2349 ASHVILLE HWY MONTICELLO, FL 32344 US

FEI Number: 20-4964054

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

WALKER, FRANCES H 3317 PETER BROWN LANE MONTICELLO, FL 32344 US

Authorized Person(s) Detail :

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Title	MGRM	Title	MGRM
Name	FRANCES H. WALKER LIVING TRUST	Name	WALKER, ROBERT D
Address	3317 PETER BROWN LANE	Address	3343 WAUKEENAH HWY
City-State-Zip:	MONTICELLO FL 32344	City-State-Zip:	MONTICELLO FL 32344

that my name appears above, or on an attachment with all other like empowered. AGENT

02/11/2020 Date

FILED Feb 11, 2020 Secretary of State 8148705762CC

Certificate of Status Desired: No

Date