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

SIGNATURE: RONALD D WALKER

Electronic Signature of Signing Authorized Person(s) Detail

2349 ASHVILLE HWY MONTICELLO, FL 32344 US

Current Principal Place of Business:

FEI Number: 20-4964054

Current Mailing Address:

DOCUMENT# L06000048721

2349 ASHVILLE HWY MONTICELLO. FL 32344

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

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

Certificate of Status Desired: No

Date

FILED Jan 11, 2023 Secretary of State 2172301709CC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WALKER AND SONS FARM LAND COMPANY, LLC

MANAGER

01/11/2023

Date