I hereby certify that the information indicated on this report or supplemental report is true and accu oath; that I am a managing member or manager of the limited liability company or the receiver or t that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JACOB LOCKE	MGRM	04/20/2017

SIGNATURE: JACOB LOCKE	

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGRM	Title	MGRM
Name	LOCKE, JACOB	Name	RUSSELL, JASON
Address	7920 STEEL MILL CREEK RD	Address	16697 PETE MCGEE RD
City-State-Zip:	LAUREL HILL FL 32567	City-State-Zip:	FLORALA AL 36442

SIGNATURE: JACOB J LOCKE Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	LOCKE, JACOB	Name	RUSSELL, JASON
Address	7920 STEEL MILL CREEK RD	Address	16697 PETE MCGEE RD
		0.0	

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.

FEI Number: 46-3622680

Current Mailing Address:

7920 STEEL MILL CREEK RD LAUREL HILL, FL 32567

7920 STEEL MILL CREEK RD LAUREL HILL, FL 32567 US

DOCUMENT# L13000128028

Entity Name: LOCKE-RUSSEL FARMS LLC

Current Principal Place of Business:

Name and Address of Current Registered Agent:

LOCKE, JACOB J 7920 STEEL MILL CREEK RD LAUREL HILL, FL 32567 US

2017 FLORIDA	LIMITED LIABILITY	COMPANY AN	NUAL REPORT

FILED Apr 20, 2017 Secretary of State CC5968128309

04/20/2017 Date

Certificate of Status Desired: No

04/20/2017

Date