

A97000002426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

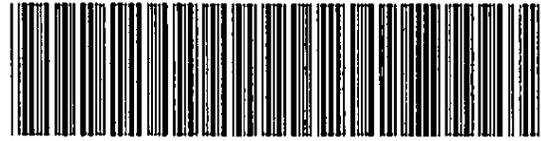
(Document Number)

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Check Form "LP" A/R change.

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OFFICE OF CORPORATION  
2022 AUG -8 AM 10:26

2022 AUG 8 10:26

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Patriot Farms, Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000002426

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael H. Bell

Contact Person

Patriot Farms, Limited Partnership

Firm/Company

27275 S.W. Martin Highway

Address

Okeechobee FL 34974

City, State and Zip Code

~~smphic@ant.com~~ Mikebell@Patriotfarmslp.com

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

For further information concerning this matter, please call:

Michael H. Bell at (772) 215-9874

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Patriot Farms, Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/07/1997

Date of filing/registration in Florida

3. A97000002426

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael H. Bell

Name

6370 SW Gator Trail

Address

Palm City, FL 34990

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Michael H. Bell

Name

27275 S.W. Martin Highway

Florida street address (P.O. Box not acceptable)

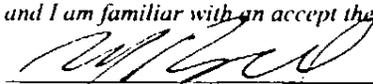
Okeechobee FL 34974

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

\_\_\_\_\_  
Signature of General Partner

*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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**