(Ře	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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MAR 1 6 2016 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 10, 2016

Order#: 052820/001

Re: LEWIS FAMILY FARMS PARTNERSHIP, LTD.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

SECRETARY OF STATE TALLAHY SEEL FLORID

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.

LEWIS FAMILY FARMS PARTNERSHIP, LTD.							
Name of I	Limited Partnership of	or Limited Liab	ility Limit	ed Partners	ship		
211/17	/1998	3	i		0002573		
Date of filing/regist	ration in Florida		Flo	orida docur	nent number		
4. The name of the registere Department of State:	d agent and the regis	tered office add	dress as sh	own on the	records of the Florida		
	NRAI:	Services, In	ıc.				
		Name			•		
1200 South Pine Island Road							
		Address		•			
	Plantation, FL	33324					•
	City,	State and Zip	•		•		
5. The name and Florida str	eet address of the nev	w registered ago	ent and/or	office:		16	FALI
	Corporation	Service Co	ompany			MAR	CRE
Name							<u>- 25-</u>
1201 Hays Street						<u>+</u>	
Florida street address (P.O. Box not acceptable)						H	- TAF
	Tallahass	ee	FL	32301		⇨	25 25 25
	City,	State and Zip			•	59	
6. Such change(s) is/are effe	ective when filed by f	the Florida Dep	partment of	f State.			Ţ»
Jardra Le	WO						
Signature of General Partner							
I hereby accept the appoints comply with the provisions of and I am familiar with an accorporation Sets:	of all statutes relative	to the proper of	and compl	ete perform			
Signature of Registered Age	nt Grace E. Kirby,	Assistant Vice	e President				

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00