F11000003420

(Requestor's Name)					
(A)	ddress)	-			
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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04/25/14--01023--007 **35.00

14 APR 25 PTI 3-36 SECRETARY OF SEATE FAT LAHASSEE, FLORID.

C. LEWIS

MAY 5 2014

EXAMINER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Michelle Frosina mfrosina@cscinfo.com

Date: April 24, 2014

Order#: 105521-010

Re: FARMLAND MANAGEMENT SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Michelle Frosina

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized under	8, or 617.1508, Florida Statu the laws of the State of or both, in the State of Floric		
		d Management Services, Ir			
		lain Street, Turlock, CA 953			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	8/23/2011 Docu	ument number: F110000034	20	
5. The name and		rrent registered agent and re	gistered office on file with the		
	C T Corporation System	m			
	1200 South Pine Island	i Road	,	SECTIALITY OF THE PROPERTY OF	
	Plantation, FL 33324			APR 2 CRETA	
6. The name and (if changed):	I street address of the ne	w registered agent (if chang	ged) and /or registered office	S PH 3	
	Corporation Service Co	ompany			
	1201 Hays Street			180	
	Tallahassee	P.O. Box NOT acceptable	FL 32301		
			the business office of its reg		
Such change wa authorized by the	as authorized by resolution board, or the corporate	ion duly adopted by its boa tion has been notified in w	ard of directors or by an office riting of the change.	er so	
	and Beligin	Mai	1941et Beugen Sec.	relary	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as reg to comply with the prov my duties, and I am fan is document is being fil	ea merety to reflect a cnan is been notified in writing o	ve to the proper and complet obligation of my position as ge in the registered office ac	l registered ldress, I	
Sig	mature of Registered Agent chalf of an entity:	Jodette Hamilton Assistant VP	Date		
	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *