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| PICK-UP                                 |                   | MAIL      |  |
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| (Document Number)                       |                   |           |  |
| Certified Copies                        | _ Certificates    | of Status |  |
| Special Instructions to Filing Officer: |                   |           |  |
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

SUBJECT: Banyan Faims Limited, Inc. Name of Corporation

## DOCUMENT NUMBER: F12000001241

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

Please return all correspondence concerning this matter to the following:

| Graham Stikelether                                |  |         |
|---|--|---------|
| Name of Contact Person                            |  |         |
| BANYAN FARMS LIMITED, INC.                        |  |         |
| Firm/Company                                      | ······································ |         |
| 801 S. Ocean Drive, #1001                         |  |         |
| Address   |  | rs 1292 |
| Fort Pierce, Florida 34950                        |  |         |
| City/State and Zip Code                           |  |         |
| gwstikelether@gmail.com                           |  |         |
| E-mail address: (to be used for future annual     | report notification)                   |         |
| For further information concerning this matter, p | lease call:                            | 2<br>2  |
| Raymond G. Robison                                | 287-4444                               |         |

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Turks & Caicos \_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: \_\_\_\_\_BANYAN FARMS LIMITED, INC.

2. The principal office address: 801 S. Ocean Drive, #1001, Fort Pierce, Florida 34949

3. The mailing address (if different): \_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_\_ Document number: \_\_\_\_\_\_ F12000001241

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Graham Stikelether

130 S INDIAN RIVER DR., #404

Fort Pierce, Florida 34950

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Graham Stikelether

801 S. Ocean Drive, #1001

P.O. Box NOT acceptable

Fort Pierce, Florida 34949

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

M officer or director

Graham Stikelether Printed or typed name and title

4/17/2020

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Graham Stikelether

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)