DOCUMENT # L00000010852 CRICLE Y GROVES HARVESTING, LLC FILED 01 JAN 17 PH 2: 1/4 SEGIST JARY OF STATE FALLAHASSEE, FLORIDA ST CLOUD R. 3672 ST CLOUD R. 36772 ST CLOUD R. 367772 ST C	200	1 UNIFORM BUS	SINESS REPO	RT	(UBR)					
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City & State Country Zip Country Zip Country S. Certification of Status Desired S5.00 Additional For Requirement For Requ	2. Principal Place of Business					1000/1011 01/1 00(1) 00(1) 00/1(00/1(00/1) 00/1) 00/1(00/1) 00/1(00/1) 00/1(00/1) 00/1(00/1)			01110 1101 1001	
Second Status Second Statu	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHUFFIELD, W. CHARLES ESO. 3825 CANNE CREEK ROAD ST. CLOUD FL 34772 City FL Zip Code 8. 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. SIGNATURE SI	City & State City & State					4. FEIN				
SHUFFIELD, W. CHARLES ESQ: 3825 CANDE CREEK ROAD ST. CLOUD FL 34772 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered Agent under the purpose of changing its registered of office or registered agent, or both, in the State of Florida. SIGNATURE STREAM AND THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS MEMBERS / MEMBERS / MEMBERS THE NOW III FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGINS / MARKET / 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip Country		Zip	Zip Count		5. Certi	ficate of Status Desired	□ \$5.00 Ad	Iditional	
STORT ADDRESS CANDE CREEK ROAD ST. CLOUD FL 34772 City FL Zip Codo 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature in prod or protochance or registered agent, or both, in the State of Florida. SIGNATURE Signature in prod or protochance or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MAKE STREET ADDRESS		6. Name and Address of Curren	t Registered Agent			7. Nam	e and Address of New Re	<u>'</u>		
Side Address (P.O. Box Number is Not Acceptable) Side Address (P.O. Box Number is Not Acceptable) City	SHIJEEIEI D. W. CHADI ES ESO.				Name					
B. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hipself or printed name of registered agent and the if agenticate. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS TITLE NAME	3825 CANOE CREEK ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Supertive, speed or printed name of registreed agent and the F explicacle. SPOTE: Registered Agent Signature required when interesting DATE					City FL Zip Code					
Signature_speed of permet name of registered agent and list if applicable. (NOTE_Registered Agent signature required when increasing) CAUE	8. The above	e named entity submits this statement f	or the purpose of changing its r	registered	d office or regis	stered agent,	or both, in the State of Flor	ida.		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State	SIGNATURE					* ***	•			
9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE OWNOR Ownor Obelete TITLE October Ownor Ownor		Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	: Registered	Agent signature requ	ired when reinstati	ng)	DATE		
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daving Phone #	limited lia	on this report is true and accurate and ability company or the receiver or truste	of that my signature shall have the empowered to execute this re	the exemne to same to	iption stated in legal effect as i required by Cha	f made under apter 608, Flo ates	oath; that I am a managir rida Statutes.	ng member or manage	er of the	