2001	UNIFORM BUS	SINESS REPC	RT (UBR)	APPROVI,	
DOCUM 1. Entity Name			4 * 11 .6	AND FILED	
SERENA F	FARMS LLC			OI MAY - I PM 5	: 36
Principal Place o	of Business	Mailing Address		SECRETARY OF ST FALL AHASSEE, FLO	ATE RIDA
2. Principal Place 5395 Suite, Apt. #, e	Sunset Dr.	3. Mailing Address P. D. BOX Suite, Apt. #, etc.	3168	. DO NOT WRITE IN THE	20405
·		Ooke, Apr. II, dib.		DO NOT WRITE IN THIS S	SPACE
3 Me Ved	ally. FL	Porte Vedra	, FZ	4. FEI Number 59-3683799	Applied For Not Applicable
3508	Country	-32004	USA		\$5.00 Additional Fee Required
	6. Name and Address of Current	t Registered Agent	News	7. Name and Address of New Registered A	gent
Greo	yory F. Curr	74	Name		
1301	Riverplace te 1500	Boulevard	Street Address	s (P.O. Box Number is Not Acceptable)	
Šui-	te 1500	22207			
<u>Jack</u>	sonville, Fr	32201	City	FL.	Zip Code
	med entity submits this statement for	or the purpose of changing its	egistered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requir	ed when reinstating) DATE	
			WIII FEE IS \$50.00		}
		. Make Check Pay	able to Department	of State	-
9.	MANAGING MEMB	1-0-	10.	ADDITIONS/CHANGES	
TITLE ()		Delete	TITLE NAME		Change Addition 00/11)
	509 Sunset Dr. bute Vedra Ba	sh., € 32082	STREET ADDRESS CITY-ST-ZIP		1083
THLE	opere value a	□ Delete	TITLE	7000042749 -05/21/0101	CR2 world be shown to the contract of the cont
NAME STREET ADDRESS		•	NAME STREET ADDRESS		.191003 *****50.00
CITY-ST-ZIP			CITY-ST-ZIP		***************************************
ITLE Jame		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
ITLE		☐ Delete	TITLE		☐ Change ☐ Addition
TREET ADDRESS			NAME Street Address		
ITY-ST-ZIP			CITY-ST-ZIP		
ITLE AME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
TREET ADDRESS			STREET ADDRESS		
ITY-ST-ZIP		☐ Defete	CITY-ST-ZIP TITLE		Change Addition
AME .		L Delate	NAME	·	
TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
indicated on th	y that the information supplied with his report is true and accurate and company or the receiver or trustee	that my signature shall have the	⇒ same legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certif made under oath; that I am a managing member ster 608, Florida Statutes.	y that the information or manager of the
	E. Fligal R	Dum Fr	well & Da		-280-0778
SIGNATUR	NATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	ER, OR AUTHORIZED REPRESE		ime Phone #