## L00000016326

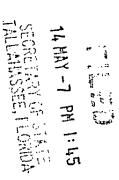
(Requestor's Name)		
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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INHS18 (2/14)

## **COVER LETTER**

Division of Corporations	
SUBJECT: Zipperer Farms LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Debby Boros	
Name of Person	<del></del>
Zipperer Farms LLC	
Firm/Company	<del></del>
2725 Hanson Street	
Address	
Fort Myers, Florida 33901	
City/State and Zip Code	<del></del>
debbyb@zippererfarmsinc.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	all:
Debby Boros at (	332-1857
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	<b>:</b> .
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Zipperer Farr	ns Inc.	
2. (a)	Zipperer Farms LLC	(b) Z	Cipperer Farms LLC
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2725 Hanson Street	P	O. Box 640
	Fort Myers, Fl. 33901	F	ort Myers, Fl 33902
	12/29/2000	LO	0000016326
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	R. Douglas Zipperer		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  2725 Hanson Street	ADDRESS)	<del></del>
	Fort Myers , FL	33901	
<i>a</i> .\	Debby Boros		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
	2725 Hanson Street		ECRET SE
	NEW Registered Office Address:		
	Fort Myers , FL	33901	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comp of the limited limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
	ture of a member or authorized representative of a member	R. Do	uglas Zipperer  Printed or typed name of signee
I here provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	performano	this capacity. I further agree to comply with the ee of my duties, and I am familiar with and accept