

Division of Corporations

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## Florida Department of State

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(((H13000169160 3)))



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Division of Corporations

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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 : (239)344-1100 Phone Fax Number : (239)344-1200

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LLC REGISTERED AGENT CHANGE WESTERN MECHANICAL PLANTING, LLC

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: WESTERN MECHANICA	L PLANTING, LLC
2. (a) Principal office address of limited liability company:	5500 FLAGHOLE ROAD
(Note: MUST BE STREET ADDRESS)	CLEWISTON, FL 33440
(b) Mailing address of limited liability company:	S500 FLAGHOLE ROAD
(Note: MAY BE POST OFFICE BOX)	CLEWISTON, FL 33440
94/30/2001	L01000006843
	J. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	CORPDIRECT AGENTS, INC.
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent:	HF REGISTERED AGENTS, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1715 MONROE STREET
(MOST BE FLORIDA STREET ADDRESS)	FORT MYERS FI_33801
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  THOMAS H. GUNDERSON, AUTHORIZED REPRESENTATIVE  Printed or typed name of signee  I hereby accept the appointment as registered agent and agent agent and agent and agent agent and agent	orida street address of the registered office cal. Or, in the case of a Florida imited was/were authorized by an affirmative tote of the provided in the articles of organization or articles.
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address, I hereby confirm that the limited liability company	per and complete performance of my duttes, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00

INHS18 (05/08)

Symptom of Registered Agent Erin E. Houck-Toll, Vice President