

LO16000 22815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

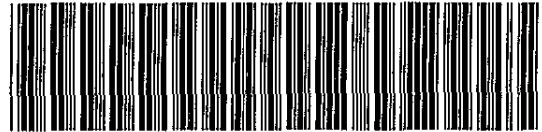
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000021914430

08/06/03--01016--001 **140.00

08 AUG - 6 14 51 PM
RECEIVED
TOLSON & SONS

FILED

LO1-22815

OK

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROSEMONT FARMS PARTNERS LLC
(Name of corporation)

DOCUMENT NUMBER: L01000022815

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:

ROBERT NISSENFELD
(Name of person)

ROSEMONT FARMS CORPORATION
(Name of firm/company)

2700 N MILITARY TRAIL STE 410
(Address)

BOCA RATON FL 33431
(City/state and zip code)

For further information concerning this matter, please call:

ROBERT NISSENFELD at (561) 999-0200
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FL 32304

03 AUG -6 AM 9:19

FILED

**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. The name of the limited liability company is: ROSEMONT FARMS PARTNERS LLC
2. The mailing address of the limited liability company is : 2700 N MILITARY TRAIL STE 410
BOCA RATON FL 33431

- 12/31/01 L01000022815
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JOHN S FLETCHER

Name

200 S BISCAYNE BLVD STE 5300

Address

MIAMI FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

ROBERT NISSENFELD

Name

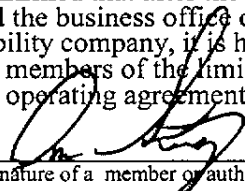
2700 N MILITARY TRAIL STE 410

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33431

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

ANDREW SCHWARTZ

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314