L02000018794

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
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J. BRYAN

SEP - 7 2011

EXAMINER

COVER LETTER

Division of Cor					
uвjест: Joshua Tree Farm, LLC					
	Name of	Limite	d Liability	Company	
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered	Office	Change an	d fee(s) are submitte	d for filing.
Please return all corres	pondence concernin	g this m	atter to the	e following:	
	Bob Titus				
]	Name of Person				
	oss Financial, LLC	<u> </u>			Es =
		001			SEP-6 PH 2: 23 CRETARY OF STATE LAHASSEE, FLORIE
212 E. HIC	hland Drive, Suite Address	201			6 P
***					The 2
Lak	eland, FL 33813				SE 12
City/	State and Zip Code				200
btitu	s@wallfoss.com				
E-mail address: (to be us	ed for future annual report	t notification	on)		
For further information	concerning this ma	tter, ple	ase call:		
Nanc	y Hill	at (863)	425-76	19
Name of P	erson		Area	Code & Daytime Telepho	ne Number
STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive O Tallahassee, Flor	orations Center Circle		Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a c	heck for the follow	ing amo	ount:		
√ \$25 Filing Fe	ee		\$55 F	iling Fee & Certified	I Со р у

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:	Joshua Tree Farm, LLC
2. (a) Principal office address of limited liability company	y: 8436 Lithia Pinecrest Road
(Note: MUST BE STREET ADDRESS)	Lithia, FL 33547
(b) Mailing address of limited liability company:	Post Office Box 497
(Note: MAY BE POST OFFICE BOX)	Mulberry, FL 33860
August 23, 2011	L02000018794
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Henry C. Badcock, Sr.
Registered Office Address:	8436 Lithia Pinecrest Road Lithia, FL 33547
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Wall Foss Financial, LLC 212 E. Highland Drive, Suite 201
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member HENRY CL BRACK. SE. Printed or typed name of signce I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	- -
Signature of Registered Agent	

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