· (Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

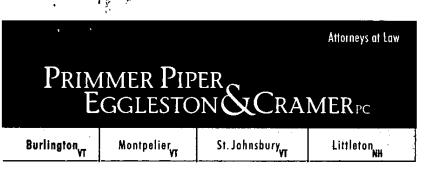
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EXAMINER



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06/03/09--01024--017 **25.00



JON R. EGGLESTON jeggleston@ppeclaw.com

June 1, 2009

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Rivertime Farms, LLC - Document Number L02000031100

Dear Sir or Madam:

Enclosed please find a Cover Letter and Statement of Change of Registered Office and Agent for filing on behalf of our client, Rivertime Farms, LLC, along with our check in the amount of \$25.00 for the filing fee.

If you have any questions, please feel free to contact the undersigned at your convenience.

Very truly yours,

Jon K. Eggleston

For the Firm

JRE/kc E10867-00003\Doc #: 7

Enclosures

150 South Champlain Street

P.O. Box 1489

Burlington, Vermont 05402-1489

tel 802 864 0880

fax 802 864 0328

COVER LETTER

Division of Corporations	
SUBJECT: Rivertime Farms, LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	S
Please return all correspondence concerning this matter to the following:	SION O
Anthony B. Thompson Name of Person	
RIVERTIME FARMS, LLC Firm/Company	e to
5655 South Tropical Tecil	
Merritt Is!	

E-mail addre

COVER LETTER

TO:	Registration Section Division of Corporations	
	IECT: Rivertime Farms, LLC	
	Name of Limited Liability Company	
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	nivis SE
Please	Name of Limited Liability Company Sir or Madam: nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following:	CRETAR'S
	Anthony B. Thompson Name of Person	
	RIVERTIME FARMS LLC	75
	Firm/Company	
	5655 South Tropical Trail	
	Address	
	<u></u>	
	Maria (M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	Merritt Island, FL 32952	
	City/State and Zip Code	
	-mail address: (to be used for future annual report notification)	
E-	-mail address: (to be used for future annual report notification)	
For fu	arther information concerning this matter, please call:	
N.,	THOSE B. THOMPSON at (321) 449-9558	
13/	Name of Person at (321) 449-9558 Area Code & Daytime Telephone Number	
	Name of terson	
	STREET/COURIER ADDRESS: MAILING ADDRESS:	
	Registration Section Registration Section	
	Division of Corporations Division of Corporations	
	Clifton Building P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
	Enclosed is a check for the following amount:	
	[7] \$25 Filing Fee	

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:	Rivertime Farms, LLC
2. (a) Principal office address of limited liability company	<i></i>
(Note: MUST BE STREET ADDRESS)	5655 South Tropical Trail Merritt Island, FL 39252
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	same 9 SEC
11/20/02 3. Date of filing/registration in Florida	L02000031100 5 3 3 3 3 4. Document number
5. Date of fining/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:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Degistered Agent and/or NEW	W Domintound Office address
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Anthony B. Thompson
NEW Registered Agent: NEW Registered Office Address:	
NEW Registered Agent:	Anthony B. Thompson
NEW Registered Agent: NEW Registered Office Address:	Anthony B. Thompson 5655 South Tropical Trail Merritt Island ,FL 32952 laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability 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 of authorized representative of a member Anthony B. Thompson, Manager	Anthony B. Thompson 5655 South Tropical Trail Merritt Island ,FL 32952 laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the land that after the change or changes are made, the Fland the business office of the registered agent will be ident liability 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 of authorized representative of a member	Anthony B. Thompson 5655 South Tropical Trail Merritt Island ,FL 32952 laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case of the registered office ical.

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

Signature of Registered Agent