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Florida Department of State
Division of Corporations
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USEPPA CITRUS 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 605.0114, 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: Useppa Citrus LLC

2. (a) Principal office address of limited liability company: 6900 Daniels Pkwy., Ste. D29-323
(*Note: MUST BE STREET ADDRESS*) Fort Myers, Florida 33912

(b) Mailing address of limited liability company: 3246 Peachtree Pky, Suite D-218
(*Note: MAY BE POST OFFICE BOX*) Suwanee, Georgia 30024

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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: Ronald M Mahan

Registered Office Address: 12010 NE Hwy 70
Arcadia, FL 34266

(b) Enter name of NEW Registered Agent and or NEW Registered Office address:

NEW Registered Agent: Business Filings Incorporated

NEW Registered Office Address: 515 E. Park Avenue
(*MUST BE FLORIDA STREET ADDRESS*) Tallahassee, FL 32301

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.

John D. O'Connor
Signature of a member or authorized representative of a member

John D. O'Connor, Authorized Representative
Printed or typed name of signer

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 605, 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.

Mark Williams, AVP Business Filings Incorporated
Signature of Registered Agent

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

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