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Division of Corporations

FAX NO.

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

RECEIVED
2008 AUG 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

FARM SUPPLY BUILDING, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

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EXAMINER

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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: FARM SUPPLY BUILDING, LLC

2. (a) Principal office address of limited liability company: 1701 W ATLANTIC AVE
(Note: **MUST BE STREET ADDRESS**) DELRAY BEACH FL 33444

(b) Mailing address of limited liability company: 1/2 SHUTTS & BOWEN LLP
(Note: **MAY BE POST OFFICE BOX**) 525 Okeechobee Blvd., Suite 1100
WEST PALM BEACH FL 33401

06/25/2003L09000023184

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: CORPORATION COMPANY OF MIAMI

Registered Office Address: 250 AUSTRALIAN AVE S
SUITE 500
WEST PALM BEACH FL 33401 US

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

NEW Registered Agent:

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 525 OKEECHOBEE BLVD.
SUITE 1100
WEST PALM BEACH FL 33401

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.

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

Gwen Gove
(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]
(Signature of Registered Agent)

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

INHS18 (05/08)

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