

W3 000029846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

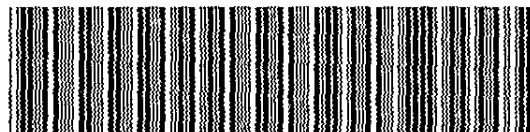
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600022606486

09/05/03--01041--003 \*\*25.00

FILED  
09-05 PM 5:00  
CLERK

W3-29846  
AR

**DARBY, PEELE, BOWDOIN & PAYNE**

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

HERBERT F. DARBY, P.A.  
S. AUSTIN PEELE, P.A.  
W. RODERICK BOWDOIN, P.A.  
M. BLAIR PAYNE

ATTORNEYS AT LAW

285 N.E. HERNANDO AVENUE  
POST OFFICE DRAWER 1707  
LAKE CITY, FLORIDA 32056  
TELEPHONE (386) 752-4120  
FACSIMILE (386) 755-4569

September 4, 2003

6741.03-03-238

Secretary of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: AGRI-COMM, LLC


Gentlemen:

Enclosed is Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, changing the name and address of the Registered Agent and business address of AGRI-COMM, LLC. Please change the mailing address of AGRI-COMM, LLC to Post Office Box 9, Live Oak, Florida 32064.

Also enclosed is our trust account check in the amount of \$25.00 to cover the cost of changing the registered agent and business address.

Thank you.

Very truly yours,

  
S. Austin Peele  
For the Firm

SAP/pds  
Enclosures

009911-11-11-03  
11/11/03

**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: AGRI-COMM, LLC
2. The mailing address of the limited liability company is: 832 SW Prado Avenue, Lake City,  
Florida 32025

August 7, 2003

L03000029846

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:

Baynard J. Ward, Jr.

Name

832 SW Prado Avenue

Address

Lake City, Florida 32025

City, State and Zip

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

S. Austin Peele

Name

285 NE Hernando Avenue

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

Lake City, FL 32055

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.

Baynard J. Ward, Jr.  
(Signature of a member or authorized representative of a member)

Baynard J. Ward, Jr.  
(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 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.*

S. Austin Peele  
(Signature of Registered Agent)

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