## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE HOPEDELAGEE CATTLE COMPANY, LLC

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7/30/2013

FAX AUDIT NO.: H13000169176 3

## 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. N	ame of the limited liability company: HOPEDELAGEE CATT	É COMPANY, LLC	·	
2. (a	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	5500 FLAGHOLE ROAD CLEWISTON, FL 33440		
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6500 FLAGHOLE ROAD CLEWISTON, FL 33440		
09/08/2	003	L03000033906		
3. D	ate of filing/registration in Florida	Document number	1013 SE	
5. (a	a) Registered Agent and Registered Office shown on t	he records of the Florida Dept	at Suste	
	Registered Agent:	CORPDIRECT AGENTS, INC.	1A 30	
	Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
(b	) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		OF N	
	NEW Registered Agent:	HF REGISTERED AGENTS, LLC		
	NEW Registered Office Address:	1715 MONROE STREET		
	(MUST BE FLORIDA STREET ADDRESS)	FORT MYERS	,FL 33901	
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.  Signature of a member of authorized representative of a member				
	S H. GUNDERSON, AUTHORIZED REPRESENTATIVE			
I hero compl and I Chapi addre	eby accept the appointment as registered agent and ag ly with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my pos- ter 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company		urther agree to e of my duties, ovided for in istered office f this change.	
Signag	Division of Corporations, P.O. Box 632			
	Division of Carporations, r.O. DOX 032	/, radanassee, PL 34314		

**FILING FEE: \$25.00** 

INHS18 (05/08)