

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000185223 3)))



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LLC REGISTERED AGENT CHANGE HILLIARD CATTLE COMPANY, 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 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.

agent, or both, in the state of 1 torida.		
1. Name of the limited liability company: HILLIARD CATTLE COM	IPANY, LLC	<u> </u>
2. (a) Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	5500 FLAGHOLE ROAD CLEWISTON, FL 33440	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5500 FLAGHOLE ROAD CLEWISTON, FL 33440	
09/10/2003	L03000034201	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept	. of State:
Registered Agent:	CORPORECT AGENTS, INC.	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	V Registered Office address:	
		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1715 MONROE STREET	
(MOST DE LEUIDA STREET ADDRESS)	FORT MYERS	,FL 33901
of the limited liability company is not organized under the later that after the change or changes are made, the Flound the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwish to operating agreement of the limited liability company.	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an aff	stered office la limited irmative vote of
GUY E. WHITESMAN, AUTHORIZED REPRESENTATIVE		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer- address, I hereby confirm that the limited liability company	ree to act in this capacity. If per and complete performancition as registered agent as prely reflect a change in the reginal been notified in writing o	urther agree to e of my duties, evided for in istered office f this change.
Signature of Registered Agent GUY E. WHITESMAN, VICE PRES		
Division of Compountions D () Poy 622	7 Tallahassas El 23214	

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

INHS18 (05/08)