L04000005549

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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. The name of the limited liability compan	y is: Blackberry Hill Farms, LL	С	
2. The mailing address of the limited liability			
Tallahassee, Florida 32308			
1/21/2004	L0400000554	9	
3. Date of filing/registration in Florida	4. Document nur	nber	
5. The name of the registered agent and the reflorida Department of State: Curtis B. Hunte	_	on the records of the	
1300 Thomasw	Name rood Drive		
	City, State and Zip	TILLAHAS	
6. The name and address of the new register	ed agent and/or office:	SERVICE	
Garvin B. Bowo		AMID: 13	
1300 Thomasw	Name cood Drive	ORIE ORIE	
Florida street ad	dress (P.O. Box NOT acceptable)	P	
Tallahassee	FL 32308		
Ci	ty, State and Zip		
If the limited liability company is not organic confirmed that after the change or changes at and the business office of the registered ager liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	re made, the Florida street address at will be identical. Or, in the case the change(s) was/were authorized or as otherwise provided in the arity company.	of the registered office of a Florida limited d by an affirmative vote of	
(Signature of a member or authorized representative of a m	nember)		
(Printed or typed name of signee)			
I hereby accept the appointment as registere comply with the provisions of all statutes reland I am familiar with analaccept the obliga Chapter 508, F.S. Or, if this document is be address, thereby confirm that the limited lia	ed agent and agree to act in this ca ative to the proper and complete p tions of my position as registered a ing filed to merely reflect a change bility company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.	
(Signature of Registered Agen)			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
nusis(40/99) FI	LING FEE: \$25.00		