

L04 0000014705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

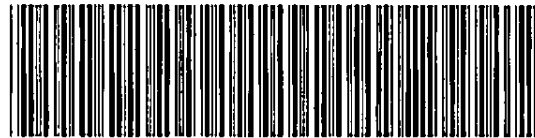
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2020 FEB 10 PM 6:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

FEB 10 2020 8:07:15

S. YOUNG

FEB 10 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2020

ALVIN E KIMBLE  
EAST COAST FARMS LLC  
7266 TOM DRIVE STE 200  
BATON ROUGE, LA 70806

SUBJECT: EAST COAST FARMS, LLC  
Ref. Number: L04000014705

We have received your document for EAST COAST FARMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 420A00002047

2020 FEB 10 PM 2:00

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST COAST FARMS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALVIN E. KIMBLE  
Name of Person

EAST COAST FARMS LLC  
Firm/Company

7266 TOM DRIVE, SUITE 200  
Address

BATON ROUGE LA. 70806  
City/State and Zip Code

alvin@stc.llc  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALVIN E. KIMBLE OR RENÉ TAYLOR at ( 225 ) 926-0327  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: EAST COAST FARMS, LLC
2. (a) 7266 TOM DRIVE SUITE 200 BATON ROUGE, LA. 70806 (b) SAME  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3. FEBRUARY 24 2004 4. L04000014705  
Date of filing/registration in Florida Document number
5. (a) CONSULTING PARTNERS NETWORK, INC. / KRISS HAMMOND / MARK PARKER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6796 LANTANA ROAD LAKE WORTH, FL 33461  
11601 KEW GARDENS AVE. SUITE 209 PALM BEACH GARDENS, FL 33410  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) ALVIN E. KIMBLE / MARK PARKER  
Enter name of NEW Registered Agent and/or NEW Registered Office Address:  
3257 WYMBERLY DR.  
NEW Registered Office Address:  
\_\_\_\_\_  
JUPITER, FL 33458

FILED  
2020 FEB 10 PM 6:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

Alvin E. Kimble  
Signature of a member or authorized representative of a member

ALVIN E. KIMBLE  
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 605, 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.

Alvin E. Kimble  
Signature of Registered Agent