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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. Name of the limited liability company: Seeds Managament, LLC 2. (a) Principal office address of limited liability company: 818 A1A North, Sulte 302 Perink Works BE STREET ADDRESS (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 820/02/004 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 820/02/004 L04000068823 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: 200 Weal Foreyth St., Sulta 1200 Jacksonville, Ft., 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 agent will be identical. Or, in the case of a Florida-finited Coliability company, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office apent will be identical. Or, in the case of a Florida-finited Coliability company, it is hereby confirmed that the change(s) was/were authorized by an affiliative vate of the members of the limited liability company or as otherwise provided in the articles of organization for the operating agreement of the limited liability company. Segmanurgh a member or authorized representative of a member organized agent and agree to act in this capacity. If the provisions of all statutes relative to the proper and complete performance of any duties, and magniture with and accept the obligations of my position as registered agent as provided for in Apparte Old, F. S. Or, if this document is being filled to mere by reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing		
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Decrease of the Plorida address of limited liability company: (Note: MAY BE POST OFFICE BOX) LD4000068823 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Addre	1. Name of the limited liability company: Southern Oak Managem	ent, LLC
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Decrease of the Plorida address of limited liability company: (Note: MAY BE POST OFFICE BOX) LD4000068823 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Addre	2 (a) Principal office address of limited liability company	R16 A1A North Suite 202
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 108/200/2004 1.040000088823 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: Aff AlA North, Sulto 302 Ponto Vadra FL 32062 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 Floridal inhibity company, it is hereby confirmed that the change(s) was/were authorized by an arity in the operating agreement of the limited liability company or as otherwise provided in the articles of organization of the members of the limited liability company or as otherwise provided in the articles of organization of the member of the limited liability company. Signature of a member or authorized representative of a member Tony A Loughman, Authorized Mambur Printed or typed name of signee I hereby accept the appointment as registered agent and agree to qcl in this capacity. I further agree to company with the provisions of all statutes relative to the proper and complete performance of my duties, and a figure of the intendition of my position agrees agree of the appointment is the limited liability company has been notified in writing of this change.	(Note: MUST BE STREET ADDRESS)	
(Note: MAY BE POST OFFICE BOX) Ponto Voctra Boach, Ft. 32082 L04000068823 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: MEW Registered Office Address: MEW Registered Office Address: Alf Ala North, Sulto 302 Ponto Voctra Ponto Voctra Ponto Voctra Ponto Voctra Ft. 32202 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 Englited of the members of the limited liability company or as otherwise provided in the articles of organization of the number of signature of a member of signature of a member or authorized representative of a member In 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 all and familiar with and accept the obligations of my position as registered agent and representative of the registered office and the surface of the complete performance of my duties, in Angel of this change. Ponto Voctra Agents All Document number Angels Address. Ponto Voctra Affa Manth, Sulto 1200 Ponto Voctra Affa Manth	(TOTAL TOTA	
(Note: MAY BE POST OFFICE BOX) Ponto Voctra Boach, Ft. 32082 L04000068823 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: MEW Registered Office Address: MEW Registered Office Address: Alf Ala North, Sulto 302 Ponto Voctra Ponto Voctra Ponto Voctra Ponto Voctra Ft. 32202 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 Englited of the members of the limited liability company or as otherwise provided in the articles of organization of the number of signature of a member of signature of a member or authorized representative of a member In 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 all and familiar with and accept the obligations of my position as registered agent and representative of the registered office and the surface of the complete performance of my duties, in Angel of this change. Ponto Voctra Agents All Document number Angels Address. Ponto Voctra Affa Manth, Sulto 1200 Ponto Voctra Affa Manth	(h) Mailing address of limited lightility comments	04C A4 & North Cuite 200
1. Date of filing/registration in Florida 2. Document number 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: MEW Registered Office Address: MEW Registered Office Address: MEW Registered Office Address: MEW Registered Office Address: A16 A1A North, Sulto 302 Ponto Vedra FL 32082 Fonto Vedra FL 32082 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-Indied Gailability company, it is hereby confirmed that the change(s) was/were authorized by an affiring the vede of the members of the limited liability company or as otherwise provided in the articles of organization. For the operating agreement of the limited liability company. Authorized Member Tony & Leughman, Authorized Member Foringed or typed name of signee 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 statue relative to the proper and complete performance of duties, in Agree to 8. F.S. Or, if this document is being filled to merely reflect a change in the registered office and resulting of this change.		
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: 200 West Forsyth St., Suite 1200 Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Registered		
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Registered Agent: Registered Agent: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address:		
Registered Agent: Registered Office Address: Registered Office Address: 200 Weat Foreyth St., Suite 1200 Jacksonville, Ft. \$2202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Registered 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 inhibit company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vale 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. Printed or typed name of signee 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 Agent 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that I limited liability company has been notified in writing of this change.		
Registered Office Address: Description	5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Office Address: Description	Registered Agent:	Tony A. Loughman
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 inhibitity company, it is hereby confirmed that the change(s) was/were authorized by an affigurative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized Member Tony A Loughman, Authorized member or authorized representative of a member Tony A Loughman, Authorized member or authorized representative of a member Tony A Loughman, Authorized member or authorized representative of a member Tony A Loughman, Authorized member or authorized representative of a member Tony A Loughman, Authorized member or authorized representative of a member Tony A Loughman, Authorized member or authorized member or authorized agent as provided for in 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 the registered office and agent and agree to accept the obligations of my position as registered agent as provided for in the proper and complete performance	•	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 stipping of the imited liability company or as otherwise provided in the articles of organization of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Tony A. Loughman, Authorized Member Printed or typed name of signee 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 Insperse 008, F.S. Or, if this document is being filled 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.	Registered Office Address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Ponto Vedra FL 32082		Jacksonville, PL 32202
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Ponto Vedra FL 32082		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Ponto Vedra FL 32082	(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS) Ponte Vedra Ponte Vedra FL 32082 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 traitied contained in the immediate in the change (s) was/were authorized by an affiliative 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. Fignature of a member or authorized representative of a member Tony A. Loughman, Authorized Member Printed or typed name of signee 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 and the limited liability company has been notified in writing of this change.		
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 finited was liability company, it is hereby confirmed that the change(s) was/were authorized by an affilt traive vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Tony A. Loughman, Authorized Member Printed or typed name of signee 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 and reserved that the limited liability company has been notified in writing of this change.	NEW Registered Agent:	
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 finited was liability company, it is hereby confirmed that the change(s) was/were authorized by an affilt traive vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Tony A. Loughman, Authorized Member Printed or typed name of signee 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 and reserved that the limited liability company has been notified in writing of this change.	NEW Registered Office Address:	816 A1A North, Sulte 302
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 in the change of a florida in the case of	(MUST BE FLORIDA STREET ADDRESS)	
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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.	confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	was/were authorized by an afficultive vote of provided in the articles of organization by
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00