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INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Tallacoe Farms, LL	С	_	
		me of Limited Liability Company		
Dear S	Sir or Madam:			
Dom	in or ividuality			
The er	aclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	this matter to the following:		
	Glenn D. Storch, Esq.			
	Name of Person			
	Glenn D. Storch, PA			
	Firm/Company			
			3 3	
	420 South Nova Road) } ==	
	Address		: 33	
			: 🐷	1
	Daytona Beach, FL 3211	4	APR 19 M10 40	
	City/State and Zip Code		3 3	
	,	<u>Éj</u> n	. -	
	Glenn@Storchlawfirm.com		`	
I	E-mail address: (to be used for future ar	nual report notification)		
For fu	rther information concerning this matte	r please call:		
10114	······································	,, product can.		
	Glenn D. Storch	at (386) 238-8383		
	Name of Person	Area Code & Daytime Telephone Numb	er	
		, .		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	· • · · · · · · · · · · · · · · · · · ·		
	Enclosed is a check for the following	ng 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. Na	me of the limited liability company:	Farms,	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	420 South Nova Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Daytona Beach, FL 32114	 –	Daytona Beach, FL 32114
	October 1, 2004		L04000071431
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Glenn D. Storch, Esq.		
	Registered Agent and Registered Office shown on the records of t	the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESS)</u>	PR T
	420 South Nova Road		
	Daytona Beach ,FL	32114	
(b)	Robert L. Hart		<u> </u>
(3)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s:</u> 5
	NEW Registered Office Address:	·	
	252 S. State Road 415		
	New Smyrna Beach FL	32168	
the cha agent v was/we the arti Signa I here provisi the obli to mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and the class of all statutes relative to the proper and complete ingations of my position as registered agent as provided by reflect a change in the registered office address, I do in wylling of this change.	the register ability composite the limited liab	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in ility company. Printed or typed name of signee This capacity. I further agree to comply with the
notifie	re of Registered Agent		