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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tamagni Farms Florida LI (Name of Limite	d 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 n	natter to the following:
Margherita Downey, Esq.	OFFE TALL
(Name of Person)	
Registered Agent	LAHASSEE, FLORIE
(Firm/Company)	70, -
9777 Nickels Blvd #701	ORIOA ORIOA
(Address) Boynton Beach, Florida 33436	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Margherita Downey, Esq. at ( (Name of Person)	561 ) 707-0444 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$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 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.

<b>ug</b> ciii, or <i>bo</i> , or	ive by a volument			
1. The name of the limit	ted liability company is:	TAMAGNI FARM	IS FLORIDA L	LC
2. The mailing address	of the limited liability co	ompany is : PO BO	X 7398, Spr	eckels, CA 9396
5/18/05		L050000	)49127	
<ol><li>Date of filing/registra</li></ol>	ition in Florida	4. Doc	ument number	,
5. The name of the regis Florida Department of		tered office address	as shown on th	
Tionaa Doparanen o	Margherita Do	wney, Esq.		和 。
	1375 Gateway	Name Blvd.		EB 13
	Boynton Beach	Address FL 33426		PH 1: 19
	City,	State and Zip		72 - 1
6. The name and address	s of the new registered a	gent and/or office:		器石
	Margherita Do	wney, ESq.		7
	9777 Nickels	Name Blvd. #701		
	Florida street address	(P.O. Box NOT ac	ceptable)	
	Boynton Beach	FL 33436		
	City, S	tate and Zip		
If the limited liability co- confirmed that after the and the business office of liability company, it is ho of the members of the li- or the operating agreement	change or changes are main the registered agent will ereby confirmed that the mited liability company ent of the limited liability.	nade, the Florida stre ill be identical. Or, is change(s) was/were or as otherwise prov y company.	et address of the in the case of a e authorized by	ne registered office Florida limited an affirmative vote
(Signature of a member or author	orized representative of a member	<del></del>		
Margherita Downey, (Printed or typed name of signe I hereby accept the appointments of the provision of the	e)	gent and agree to ac e to the proper and c	t in this capaci	ity. I further agree t rmance of my duties,
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm the walker in (Signature of Registered Agent)	ng accept the obligation this document is being in that the limited liability	s of my position as r filed to merely reflec by company has been	egisterea agen i a change in t i notified in wri	t as provided for in he registered office iting of this change.

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