

LOS 000095830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800079780518

09/14/06--01009--028 \*\*50.00

2006 SEP 14 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LOS-95830  
QR

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned 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 company is: Color Bound Farm, LLC

2. The mailing address of the limited liability company is: 14204 Wind Flower, Palm Beach

Gardens, FL 33418

September 20, 2005

L05000095830

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Olivia Skye Johnson

Name

14180 - 130th Ave.

Address

Palm Beach Gardens, FL 33408

City, State and Zip

6. The name and address of the new registered agent and/or office:

Olivia Skye Johnson

Name

14204 Wind Flower

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens FL 33418

City, State and Zip

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.

(Signature of a member or authorized representative of a member)

Olivia Skye Johnson, Managing 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 address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

**FILED**  
2006 SEP 14 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA