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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ace High Farms, LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
	,{	
Bruce R. Abernethy, Jr.	2006 SEP 19 AM 10: 48 SECRETARY OF STAGE TALLAMASSEF, FLORES	
(Name of Person)		
	SEP 19 AMI	
Bruce R. Abernethy, Jr., P.A.		
(Firm/Company)	er e	
EOO Vincinia Avenue Suite 202		
500 Virginia Avenue, Suite 202 (Address)		
(133305)		
Fort Pierce, FL 34982		
(City/State and Zip Code)		
For further information concerning this matter	ter, please call:	
Bruce R. Abernethy, Jr.	at (772) 489-4901	
(Name of Person)	(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 followin	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 sectic liability company submits the follow agent, or both, in the State of Florida	ons 608.416 or 608.508, Florida Statutes, ving statement in order to change its regist a.	the undersigned limited tered office or registered		
1. The name of the limited liability of	company is: Ace High Farms, LLC			
2. The mailing address of the limited	I liability company is: 3672 S. Brocksmith R	toad		
Fort Pierce, FL 34945				
05/05/2006	L06000049830			
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent a Florida Department of State:	nd the registered office address as shown or	n the records of the		
Bruce R.	Abernethy, Jr.	#5		
	Name			
900 Virgin	nia Avenue, Suite 6	F 65 25		
	Address			
Fort Pierce	e, FL 34982	And the contract of the contra		
	City, State and Zip	SE -		
o. The name and address of the new registered agent and/or office.				
Bruce R. A	Abernethy, Jr.	ANIO:		
	Name			
500 Virgini	ia Avenue, Suite 202	T Bu @ T		
Florida street address (P.O. Box NOT acceptable)				
Fort Pierce	<u> </u>	<u></u>		
	City, State and Zip			
confirmed that after the change or chand the business office of the register liability company, it is hereby confirm	t organized under the laws of the State of Fl anges are made, the Florida street address o ed agent will be identical. Or, in the case o med that the change(s) was/were authorized ty company or as otherwise provided in the lited liability company.	of the registered office of a Florida limited by an affirmative vote		
(Signature of a prember or authorized representati	tive of a member)			
Bruce R. Abernethy, Jr.				
(Printed or typed name of signee)				
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lim	registered agent and agree to act in this cap utes relative to the proper and complete per e obligations of my position as registered ag nt is being filed to merely reflect a change i nited liability company has been notified in	racity. I further agree to reformance of my duties, gent as provided for in the registered office writing of this change.		
(Signature of Registered Agent)				
	orations, P.O. Box 6327, Tallahassee, FL	32314		
Division of Corpo	FILING FEE: \$25.00	waw A F		