

LOLLO 101088
Florida Department of State
Division of Corporations
Electronic Filing

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000078682 3)))



H100000786823ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FILED
10 APR - 7 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
F & J FARMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

D. BRUCE

APR 8 2010

EXAMINER

RECEIVED
10 APR - 8 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000078682 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F&J FARMS, LLC
Name of Limited 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 matter to the following:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane M. Hernandez

Name of Person

at (305)

416-6800

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 amount:



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

FILED
10 APR -7 AM 10:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

H10000078682 3

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: F&J Farms, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

10/17/2006

L06000101088

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:

AGI Registered Agents, Inc.

Registered Office Address:

1200 Brickell Avenue, Suite 900
Miami, Florida 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

AGI Registered Agents, Inc.

NEW Registered Office Address:

1000 Brickell Avenue, Suite 300

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33131

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

Robert R. Adams, Esq. - Authorized Representative

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