## L070000 22359

questor's Name)	<del></del>						
(Address)							
(Address)							
(City/State/Zip/Phone #)							
WAIT	MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates						

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C. GOLDEN FEB 1 9 2019

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	STEVENS LAND & CITRUS,	LLC	
		of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the	following:
JOHN	NW. H. BURTON		
	Name of Person		_
JOHN	W. H. BURTON, P.A.		
	Firm/Company		<del>_</del>
Post (	Office Drawer 1729		
	Address		<del></del>
Wauc	chula, FL 33873-1729		
	City/State and Zip Code		<del></del>
office	@burtonpa.com		
Е	-mail address: (to be used for future annua	I report notif	īcation)
For fur	ther information concerning this matter, pl	ease call:	
John <sup>1</sup>	W. H. Burton	863	773-3241
	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	Registration Section  porations Division of Corporations  P.O. Box 6327  Center Circle Tallahassee, Florida 32314	
	Enclosed is a check for the following ar	nount:	
	☑ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy
INHS18	3 (2/14)		

## 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. N	ame of the limited liability company: STEVENS L	AND & C	ITRUS,	LLC			
2. (a)							
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	:	Mailing address o			
	292 N. Hollandtown Road		P. O. Box 974				
	Wauchula, FL 33873		Zolfo Sp	prings, FL 33890			
	02/27/2007	L	.070000	22359			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)							
()	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State	e:		201	
	Peter J. Stevens				<b>A</b> .	2019 FEB 14	<b>-77</b>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	۲۰۰۰ چو	8	
	292 N. Hollandtown Road				<b>T</b> .	<del>_</del>	
	Wauchula , F	L_33873		<del>-</del>	TALE AHASSEE.	PM 6	
				_	77	6: 02	
(b)				_		2	
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office addr</u>	ess:				
	Charles R. Stevens, Jr.						
	NEW Registered Office Address:			-			
	652 Parnell Road		<u>_</u>	-			
	Zolfo Springs	L_33890					
16 d I				-	_		_
the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address o	of the registe	ered office	e and the busin	ess office	of the r	registered
agent v	will be identical. Or, in the case of a Florida limited li	iability con	ipany, it is	s hereby confir	med that t	the chai	nge(s)
the art	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e limited lia	ed nabing bility con	y company or a npany.	as otnerwi	se prov	idea in
	Q. ATETE	Char	les R. S	tevens, Jr.			
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sig	nee	
provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act in e performan ed for in Ch hereby con	n this cap ace of my apter 605 firm that	acity. I further duties, and I a 5, F.S. Or, if th the limited liab	r agree to m familiar pis docume bility comp	comply with a ent is be pany ha	with the nd accept sing filed s been