

08/10/2007 10:06 FAX 8132212900

HILL WARD & HENDERSON

001/002

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

8810-37**REGISTERED AGENT CHANGE****BE-MAC FARMS, LLC**

Certificate of Status	0
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HILL WARD & HENDERSON

002/002

**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. The name of the limited liability company is: BE-MAC FARMS, LLC
2. The mailing address of the limited liability company is : 8501 GUNN HIGHWAY
ODESSA, FLORIDA 33556

JULY 30, 2007L07000078357

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:

PRESTIN WEIDNER

Name

101 E. Kennedy Blvd. Suite 3700

Address

TAMPA, FLORIDA 33602

City, State and Zip

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

BRUCE MCCLENDON

Name

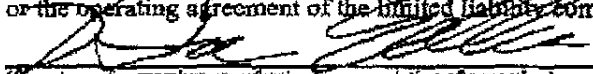
8501 GUNN HIGHWAY

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

TAMPAFL 33556

City, State and Zip

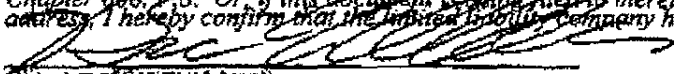
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

BRUCE MCCLENDON

(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

INH518 (6/05)

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