

Division of Corporations

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L08000012633

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000020308 3)))



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To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
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**LLC REGISTERED AGENT CHANGE
SOD CUTTERS OF FLORIDA, LLC**

Certificate of Status	0
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SECOND REQUEST

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SECRETARY OF STATE

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FAX AUDIT NO.: H14000020308 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: 300 CUTTERS OF FLORIDA, LLC

2. (a) Principal office address of limited liability company: 5500 FLAGHOLE ROAD
CLEWISTON, FL 33440
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 5500 FLAGHOLE ROAD
CLEWISTON, FL 33440
(Note: MAY BE POST OFFICE BOX)

02/05/2008 L08000012633
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: ERIN E. HOUCK-TOLL

Registered Office Address: 1715 MONROE STREET
FORT MYERS, FL 33901

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

NEW Registered Agent: HF REGISTERED AGENTS, LLC

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
FL

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.

Bryan Hilliard
Signature of a member or authorized representative of a member

BRYAN HILLIARD
Printed or typed name of signer

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 605, F.S. 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.

Erin E. Houck-Toll
Signature of Registered Agent: Erin E. Houck-Toll, Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INH518 (12/13)

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