## L08000045239

. (Re	equestor's Name)			
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SECRETARY OF STATE
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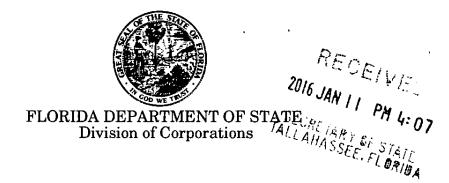
A. Guligo

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## COVER LETTER

INHS18 (2/14)

TÕ:	Registration Section Division of Corporations	<b>y-</b> *	
SUBJI	THE FLORIDA HERD OF C	C.O.W.S, LL	С
5015		ne of Limited	Liability Company
Dear S	Sir or Madam:		
The en	closed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to th	e following:
Fiona	ı Sabin		
	Name of Person	-	<del></del>
THE	FLORIDA HERD OF C.O.W.S, LL	_C	
	Firm/Company		
1305	5 SW 238TH Street		
	Address		<u> </u>
Home	estead, FL 33032		
	City/State and Zip Code		
fionas	s@cows-usa.com		
E	-mail address: (to be used for future and	nual report not	ification)
For fur	ther information concerning this matter	, please call:	
Fiona	Sabin	786	242-6800
	Name of Person	u (	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fee		S55 Filing Fee & Certified Copy



November 19, 2015

FIONA SABIN 13055 SW 238TH STREET HOMESTEAD, FL 33032

SUBJECT: THE FLORIDA HERD OF C.O.W.S., LLC

Ref. Number: L08000045239

We have received your document for THE FLORIDA HERD OF C.O.W.S., LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

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Letter Number: 415A00024472

## 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. Na	time of the limited liability company:	DA HERD OF C.O.W.S, LLC
2. (a)	THE FLORIDA HERD OF C.O.W.S, LLC	(b) THE FLORIDA HER OF C.O.W.S, LLC
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	13055 SW 238TH STREET	13055 SW 238TH STREET
	HOMESTEAD, FL 33032	HOMESTEAD, FL 33032
	05/06/2008	L08000045239
3.	Date of filing/registration in Florida	4. Document number
5. (a)	RAFFERTY, STOLZENBURG, GELLES & I	FLYNN P.A.
3. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	1401 BRICKELL AVE, SUITE 825	16 SE TAL
	MIAMI , FI	_33131 \( \frac{1}{2} \) \( \f
(b)	LEGON, FODIMAN, P.A.	SSEE
(6)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:  EFLORIBE
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	1111 BRICKELL AVE, SUITE 2150	
	MIAMI, FI	L_33131
the cha agent v was/we the arti	inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.  Michael Frank  Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete ignificant of my position as registered agent as provide ely reflect a change in the registered office address, I a whiting of his change.	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been