L08000048075

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity.Name)		
(Document Number)		
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A. LUNT		
OCT 14 2009		
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SECKETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
	rida Citrus Investors LLC of Limited Liability Company
	Lamine Diagnity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Daniel P. Rooney	nong.
Name of Person	
	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Allan L Casey Attorney	A = = = = = = = = = = = = = = = = = = =
Firm/Company	SEZ 3
	PM 1: 5
395 Avenue C NW	54 -
Address	TO SEE
	410
Winter Haven, Florida 33	880
City/State and Zip Code	
Casey.law@verison.ne E-mail address: (to be used for future annual repo	et
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this ma	atter, please call:
Dan Rooney	at (863) 294-4468
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:Florida	Citrus Investors LLC	
2. (a) Principal office address of limited liability company	: 3535 Recker Highway	
(Note: MUST BE STREET ADDRESS)	Winter Haven, Lforida 33880	
(b) Mailing address of limited liability company:	P.O. Box 1767	
(Note: MAY BE POST OFFICE BOX)	Winter Haven, Florida 33880	
10/12/09	L0800004307.5 8	
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:	The Rinaldo Raw Firm RA	
Registered Office Address:	1102 Rinald Taw Firm PA	
	Lakeland, Florida 33880	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: Daniel P. Rooney 395 Avenue C NW	
(MUST BE FLORIDA STREET ADDRESS)	Winter Haven ,FL 33880	
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		
Allen R. Reiter Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my portugates of the company of the provisions of the	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00