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(Re	equestor's Name)	<del> </del>		
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies te	<u> </u>	s of Status <u></u>		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FLORIO,

D. BRUCE.

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corpora								
	•								
SUBJ	ECT:	Terra Preta		<del> </del>		pany			
Dear S	Sir or Madam:								
The er	nclosed Registered A	gent/Registered	Office (	Change a	and fee(	s) are submitted fo	or filing.		
Please	return all correspond	dence concerning	g this m	atter to	the follo	owing:			
	Wazee	m Mohamed			_				
	Name	of Person			_				
	Terra Preta Agric	ultural Equipme Company	ent, LL(	2	_				
	363 Skv	Valley Street							
		lress			-		*****		
		nt, FI, 34711 and Zip Code			_		SECRET!	130 GO	<b>M</b> y
	\\/\n=0=\	hamad@aalaa					SSEE,	T-1 PH 12: 4	
E-	WazeemMo mail address: (to be used fo	r future annual report	notificatio	m)	-		FLS	<u> </u>	5 i
For fu	rther information cor	scerning this mat	ter, ple	ase call:			TATE ORIDA	2: 45	
	Wazeem Moh	amed	at (	352	· _)	227-4925			
	Name of Person			F	rea Code	& Daytime Telephone N	lumber		
	STREET/COURIED Registration Section Division of Corporate Clifton Building 2661 Executive Cente Tallahassee, Florida	ons er Circle		Regi Divi P.O.	stration sion of C Box 632	Corporations			
	Enclosed is a checi	k for the followi	ng amo	unt:					
	S25 Filing Fee			S5:	5 Filing	Fee & Certified C	ору		

## 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:Terra [	Preta Agricultural I	Equipment, LLC			
2. (a) Principal office address of limited liability compa	ny: <u>363</u>	363 Sky Valley Street			
_[✓] ( <u>Note: MUST BE STREET ADDRESS</u> )	Clermont, Fl, 3471	11			
(b) Mailing address of limited liability company:	363 Sky Va	illey Street			
-[√] (Note: MAY BE POST OFFICE BOX)	Clermont, Fl, 347	<u> </u>			
9/12/2008		00087007			
3. Date of filing/registration in Florida	4. Document numbe	Г			
5. (a) Registered Agent and Registered Office shown of	n the records of the Flo	rida Dept. of State:			
Registered Agent:	<b>United States Cor</b>	poration Agents, Inc.			
Registered Office Address:	320 S. FLAMINGO PEMBROKE PINE				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>		SS - C			
NEW Registered Agent:	Wazeem Mohame				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	363 Sky Valley St				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Wazeem Mohamed	e laws of the State of F Florida street address on tical. Or, in the case of (s) was/were authorized erwise provided in the	lorida, it is hereby of the registered office of a Florida limited			
Printed or typed name of signee	<del></del>				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my in Chapter 608, F.S.  Or. if this document is being filed to address, I hereby confirm that the limited liability companions of Registered Atent	agree to act in this cap proper and complete pe position as registered a perely reflect a change ny has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			

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