Division of Corporations

00010543 Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090000054863)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

; (850)222-1092 Phone

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

TAMPA FARMS, LLC

Certificate of Status

Certified Copy 0 Page Count 02 Estimated Charge \$35:00

JAN 1 2 2009 **EXAMINER**

C. LEWIS

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 JAN -9 AM 10: 13

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR STATE LIMITED LIABILITY COMPANY THE LARASSEE FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submils 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: TAMPA FARMS, LLC			
2. (i	a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 14425 HAYNES RD DOVER. FL 33527
(i	b)	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	P.O. BOX 600, HAYNES RD. DOVER, FL 33527
		2008	L08000105934
3. D	at	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown or	ent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Agent:	Bush Ross Registered Agent Services, LLC
		Registered Office Address:	1801 N. HIGHT AND AVENUE TAMPA, FL 33602
(t	o)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address:	CT Corporation System 1200 South Pine Island Road
		(MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324
that to office heret liabilitimit (Signa	e cylind	er the change or changes are made, the Florida stre of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized company or as otherwise provided in the articles liability company.	of organization or the operating agreement of the
r.s. Or, if this accument is peing flica to merely reflect a change in the fegistered office address, I hereby confirm that the limited liability company has been notified in writing of this change. CT Corporation System Wimbools Drawnline			
(Signalure of Registered Agent) Assistant Secretary			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)