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Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
AUCILLA CATTTLE COMPANY, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUCILLA CATTLE COMPANY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN C. KOHLER
Name of Person

AUCILLA CATTLE COMPANY, LLC
Firm/Company

434 SW MOUNT OLIVE CHURCH ROAD
Address

LAMONT, FL 32336
City/State and Zip Code

Jon @ JonKohler.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN C. KOHLER at (850) 508-2999
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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: AUCILLA CATTLE COMPANY, LLC

2. (a) Principal office address of limited liability company: 434 SW MOUNT OLIVE CHURCH ROAD
(Note: MUST BE STREET ADDRESS) LAMONT, FL 32336

(b) Mailing address of limited liability company: 434 SW MOUNT OLIVE CHURCH ROAD
(Note: MAY BE POST OFFICE BOX) LAMONT, FL 32336

MARCH 24, 2009
3. Date of filing/registration in Florida

L06000025710
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: PAUL K. PARKER

Registered Office Address: 10580 AUCILLA RIVER ROAD
LAMONT, FL 32336

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

NEW Registered Agent: JONATHAN C. KOHLER

NEW Registered Office Address: 434 SW MOUNT OLIVE CHURCH ROAD
(MUST BE FLORIDA STREET ADDRESS)
LAMONT, FL 32336

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

JONATHAN C. KOHLER
Printed or typed name of signee

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 608, F.S. Or, 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.

Signature of Registered agent

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

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