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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE SONDAG FAMILY FARMS, LLC

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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 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. Name	of the limited liability company: 500	tag Family	Farms LLC
2. (a)	Anne 2 Sondoa Principal office address of limited liability company	(t)	Mailing address of limited liability company:
<u>) )</u>	(Note: MUST BE STREET ADDRESS)	b	( <u>Note: MAY BE POST OFFICE BOX</u> )
<u> </u>	Maitland, Florida 32	751	<u>-</u>
	48/2009	L0	9000034104
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Anne E. Sondac gistered Agent and Registered Office shown on the roccor	de of the Clasida Danie of Cha	- -
κυ	1100 S. Orlando A	tue.	
Re	gistered Office Address (MUST RE FLORIDA STR.	EET ADDRESS)	· 2
1	Apt. 556		
	Maitland	FL 32751	A THE
	(IACCICA: ICA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 25 L
(b)			
Ent	er name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office address:	A. C. FES
	T Corporation System		TALL ORID
<u>NE</u>	W Registered Office Address:		₹**
12	00 South Pinc Island Road		_
Pl	antation	FL 33324	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
the change agent will was/were a	ed liability company is not organized under the or changes are made, the Florida street addresses in the case of a Florida limits authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the registared officed liability company, it is ers of the limited liability confined the fimited liability confined liab	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signature	of a member or authorized representative of a member	Thort	Scrotto Printed or typed name of signee
I hereby a provisions the obligat to merely r notified in By:	occept the appointment as registered agent and of all statutes relative to the proper and compions of my position as registered agent as proreflect a change in the registered office address writing of this change.  retion System	l agree to act in this cap lele performance of my vided for in Chapter 60; s, I hereby confirm that	acity I further garee to comply with the
Signature of	Registered Agent		

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