## L09000074087

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

	Division of Corporations		
SUBJE	Ст:Nа	tural A	g Solutions, LLC
	Name o	f Limite	d Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	d Office	Change and fee(s) are submitted for filing.
Please r	eturn all correspondence concerni	ng this m	eatter to the following:
	Charles S. Cullens		
	Name of Person		
	Natural Ag Solutions, LL Firm/Company	<u>.C</u>	<del></del>
	P. O. Box 563 Address		
	Sebring, Florida 33871-09 City/State and Zip Code	563	
E-n	charlie@strato.net	ort notificati	on)
For fur	ther information concerning this m	atter, ple	ase call:
	Charles S. Cullens	at (_	863 ) 381-0757
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follow	ving am	ount:
Į.	\$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. N	ame of the limited liability company:	Natural Ag Solutions, LLC		
2. (a)	Principal office address of limited liability compa	ny: <u>1611 Sa</u>	ndwedge Ct.	
	(Note: MUST BE STREET ADDRESS)	Sebring, Florida 33872	<u>&gt;</u>	
(b)	Mailing address of limited liability company:	P. O. Box 563		
	(Note: MAY BE POST OFFICE BOX)	Sebring, Florida 33871-0563		
	07/31/09	L0900007	4087	
3. Da	te of filing/registration in Florida	4. Document number		
5. (a	) Registered Agent and Registered Office shown or	n the records of the Florida	Dept. of State	
	Registered Agent:	Richard Andrew Tuck	<b>3 3 3 3 3 3 3 3 3 3</b>	
	Registered Office Address:	1611 Sandwedge Ct. Sebring, Florida 33872	OF CORN	
(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Charles S. Cullens			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		9235 County Road 635		
		Sebring	"FL <u>33875         </u>	
confinand the liability of the or the	limited liability company is not organized under the med that after the change or changes are made, the med that after the change or changes are made, the med that after the change of the registered agent will be idently company, it is hereby confirmed that the change members of the limited liability company or as other organized agreement of the limited liability company or a member or authorized representative of a member	Florida street address of the	registered office	
Printed	Charles S. Cullens or typed name of signee	_		
I hero compo and I Chapt addre	eby accept the appointment as registered agent and y with the provisions of all statutes relative to the part familiar with and accept the obligations of my part of the part	agree to act in this capacity roper and complete perform osition as registered agent of erely reflect a change in the ny has been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.	

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