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RAROCHS

OCT 18 2019 I ALBENTION

COVERLETTER

ТО : .	Registration Section Division of Corporations						
SUBJE	HEAVEN CAN WAIT FARM	1, LLC					
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.				
Please i	return all correspondence concerning th	nis matter to the	e following:				
ROBE	RT J BEAUCHAMP						
	Name of Person						
BEAU	CHAMP & EDWARDS, CPA'S						
	Firm/Company						
PO BO	OX 1777						
	Address						
CHIEF	FLAND, FL 32644						
***	City/State and Zip Code		<u> </u>				
ROBE	RT@BEAUCHAMPEDWARDS	CPA.COM					
E	-mail address: (to be used for future an	nual report not	ification)				
For furt	ther information concerning this matter	, please call:					
ROBE	RT BEAUCHAMP	352	493-4808				
	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	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314				
	Enclosed is a check for the following amount:						
■ \$25 Filing Fee			55 Filing Fee & Certified Copy				

INHS18 (2/14)



October 9, 2019

ROBERT J. BEAUCHAMP P.O. BOX 1777 CHIEFLAND, FL 32644

SUBJECT: HEAVEN CAN WAIT FARM, LLC

Ref. Number: L10000045361

We have received your document for HEAVEN CAN WAIT FARM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 OCT 17 AHII: 00

Letter Number: 619A00020794

www.sunbiz.org

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.

l. Na	me of the limited liability company:	VEN CAN	WAIT	FARM, L	LC
2. (a)	HEAVEN CAN WAIT FARM, LLC		(b) HEAVEN CAN WAIT FARM, LLC		
(0)	Principal office address of limited liability co (Note: MUST BE STREET ADDRES)		_ (ing address of limited liability company: ote: MAY BE POST OFFICE BOX
	11600 NW HWY 225A			11600 N	W HWY 225A
	REDDICK, FL 32686		_	REDDIC	K, FL 32686
	4/28/2010		i	L1000004	5361
3.	Date of filing/registration in Florid	da	4.		Document number
5. (a)	ARLEN, ROBERT M				
J. (11)	Registered Agent and Registered Office shown on th	::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	101 SE 6TH AVE, SUITE D				
	DELRAY BEACH	, FL_3	3483		2103
(b)	ROBERT J BEAUCHAMP				_
(-7	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			· · · · · · · · · · · · · · · · · · ·	
					<u>2</u> :
	NEW DOOR AND ADDRESS OF THE PARTY OF THE PAR				. ب
	NEW Registered Office Address: 105 E PARK AVE				60
	103 E PARK AVE				-
	CHIEFLAND	FL $\frac{3}{2}$	32626		
the charagent was/y the and	imited liability company is not organized unange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization on the operating agreed where the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent all y effect a change in the registered office of the proper and the registered of the proper and the proper agent the proper and the proper agent the proper agent to the p	address of tallimited liab members of hent of the l	he regis pility co the lim imited l	stered office impany, it is ited liability iability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. The Champlaire Printed or typed name of signee

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