

L11000068881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

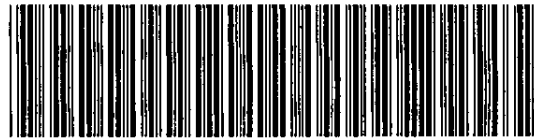
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700244563227

02/21/13--01016--014 \*\*25.00

REC'D  
SEC. OF STATE  
FEB 21 2013  
13 FEB 21 AM 11:31

FEB 22 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blocker Farms of Florida, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven A. Ramunni

Name of Person

Kahle & Ramunni, P.A.

Firm/Company

1533 Hendry Street, Suite 101

Address

Fort Myers Florida 33901

City/State and Zip Code

steve@kahleramunni.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Ramunni at ( 239 ) 791-3900

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 following amount:**

☒ \$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. Name of the limited liability company: Blocker Farms of Florida, LLC

2. (a) Principal office address of limited liability company: 6010 SR 29 South  
**(Note: MUST BE STREET ADDRESS)** LaBelle, Florida 33935

(b) Mailing address of limited liability company: Post Office Box 1435  
**(Note: MAY BE POST OFFICE BOX)** LaBelle, Florida 33975

06/10/2011

L11000068881

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Brian Sanders

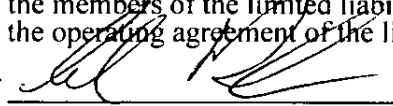
Registered Office Address: 1377 Main Street  
Palmdale, Florida 33944

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

**NEW Registered Agent:** Steven A. Ramunni

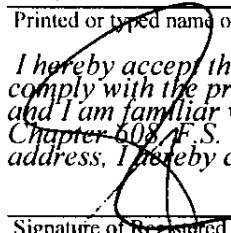
**NEW Registered Office Address:** 1533 Hendry Street, Suite 101  
**(MUST BE FLORIDA STREET ADDRESS)** Fort Myers, FL 33901

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

Cale Blocker  
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**