L11000071388

(Requestor's Name)
(Address)
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B. BOSTICK JAN - **9** 2012 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:	Ingleby Farms LLC
	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	g this matter to the following:
Carol Montgomery Name of Person	
) NEW
Ingleby Farms LLC	MAILING ADDRESS
Firm/Company	ADD 0005
	HODRES 3
1526 S Club Drive	
, Address	>
Wellington FL 33414 City/State and Zip Code	12 JAH
omonty@mo.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Carol A Montgomery	at (561) 324-4544
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	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (5/08)

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.

40000	som, mino state sy 1 tortale.		
1. Name	e of the limited liability company:	Ingleby Farms LLC	
2. (a) Pr	rincipal office address of limited liability	company:	
· ((Note: MUST BE STREET ADDRESS)	OLD: Wellington FL 33414	e
(b) M	Mailing address of limited liability compa	ny: 13833 Wellington	Trace
((Note: MAY BE POST OFFICE BOX)	OLD: Ste E4-227 Wellington FL 33414	
	June 20, 2011	L110000713	88
3. Date	of filing/registration in Florida	4. Document number	
5. (a) R	Registered Agent and Registered Office st	hown on the records of the Florida De	pt. of State:
R	Registered Agent:	Carol A Montgomery	
R	Registered Office Address:	474 Cypress Green Circle Wellington, FL 33414	e
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Carol A Montgomery 1526 S Club Drive	+ NEW S: MATUNG ADDRESS	
	(SS) Wellington	,FL <u>33414</u>	
confirme and the b liability of of the me or the op	nited liability company is not organized used that after the change or changes are made our company, it is hereby confirmed that the dembers of the limited liability company of the limited liability company of the limited liability of a member or authorized representative of a member	Ide, the Florida street address of the related be identical. Or, in the case of a Florehange(s) was/were authorized by an array as otherwise provided in the articles company.	gistered office rida limited affirmative vote of organization
	Carol A Montgomery Typed name of signee		AND
I hereby comply w and I am Chapter address,	accept the appointment as registered ag vith the provisions of all statutes relative familiar with and accept the obligations 608, F.S. Or, if this document is being fi Lhereby confirm that the limited liability	ent and agree to act in this capacity. The the proper and complete performant of my position as registered agent as led to merely reflect a change in the recompany has been notified in writing	I further agree to
$-\mathcal{U}$	of Registered Agent	- - - -	5 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °

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