## L11000091775

(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	÷#)
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(Bu	isiness Entity Nan	ne)
(De	cument Number)	
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## **COVER LETTER**

то:		stration Section sion of Corporations							
SUBJE	г <i>С</i> Т•	JIM PRICE IRRIGATION	SERVICE LLO	0					
501501	ici.	Name of Limited Liability Company							
Dear S	ir or M	1adam:							
The en	closed	Registered Agent/Registered O	ffice Change an	ıd fe	e(s) are submitted for filing.				
Please	return	all correspondence concerning	this matter to the	e fol	lowing:				
JIM P	PRICE	Ē							
		Name of Person							
JIM F	PRICE	IRRIGATION SERVICE L	LC						
		Firm/Company							
2300	WHI	TFIELD PARK DR, UNIT K	-17						
		Address							
SARA	ASOT	A, FL 34243							
		City/State and Zip Code			•				
jprice	irriga	tion@aol.com							
E	E-mail	address: (to be used for future a	nnual report not	ifica	tion)				
For fur	rther ir	nformation concerning this matte	er, please call:						
JIM F	PRICE	<u> </u>	941 at (		586-4511				
		Name of Person			Area Code & Daytime Telephone Number				
	Regin Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	R D P	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
	Encl	osed is a check for the following	ng amount:						
	<b>Ø</b> \$2	25 Filing Fee		\$55	Filing Fee & Certified Copy				
INHSI	8 (2/14	)							

## 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.

(a)	2300 WHITFIELD PARK DR	_ (t	SAME				
• • •	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	,					bility company: FFICE BOX)
	UNIT K-17						
	SARASOTA, FL 34243	_					
	08/10/2011		L110000	91775			
•	Date of filing/registration in Florida	4.		Docume	ent numb	er	<del></del>
. (a)	JENNIFER JOHNSON						
(-)	Registered Agent and Registered Office shown on the records of the 4922 73RD ST E	ne Florida	a Dept. of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>2)</u>	_			
	PALMETTO, FL	34221		 _			
(b)	ADAM B. SMITH			_			
	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:		139 (24) 120 (23) 120 (24)	( 2018 2018	
	5410 26TH ST W				SAR E	ھے	T
	NEW Registered Office Address:			_	RY OF STATE SEE, FLORIDA	A ç	Ö
				<del></del>	AGE.	8.	
	BRADENTON ,FL	34207		<del></del>			**.
ne cha gent v vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility c f the lin	stered offi ompany, it nited liabil	ce and the is hereby ity compa	busines confirm	s office ed that	e of the registe the change(s)
			Jim	Price			
-	of a member or authorized representative of a member				or typed na	,	
l herel rovisi he obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete l igations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to ac perform I for in vereby c	t in this ca nance of m Chapter 60 confirm tha	pacity. I y duties, a 05, F.S. C ut the limit	turther a nd I am Or, if this ed liabil	igree to familia docum ity com	o comply with it or with and acc nent is being fit opany has been
otified	I in writing of this change.						