## L11000130283

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: AMCIA (Wer Farms Grap LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
S. Perry Penland, Ur. Name of Person				
Firm/Company				
2018 CYCLOYEC DL. Address	<del></del>			
Mptime Beach, FL 322Go City/State and Zip Code	<u>^</u>			
Period & Den Milowi Com E-mail address: (to be used for future annual rep	port notification)			
For further information concerning this matter, please	call:			
S. Perry Penland, U., at (	94 ) 511-0093  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			

INHS18 (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.

1. Name of the limited liability company: Amelia	river torn	ns Grap Llc
2. (a) 233 Past hau St. Suit G1	0 (b) $033$	E ROUS SUR GIO
Principal office address of limited liability company:	<u> </u>	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	1	(Note: MAY BE POST OFFICE BOX)
UDCK-SONVIILE FZ 30600	<u> </u>	SCAUILE, FC 30300
,		,
11-16-2011	L 1100	00130083
3. Date of filing/registration in Florida	4.	Document number
5. (a) Siterry Peniend Ur.		
Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Stat	<del>-</del> e:
233 80 SA ROUSI SUIT	e 610	₹# <b>6</b>
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	S S
		三 野生 登 岩
1/00x 5001 01/0	30000	FILED SEP 17 PA
OUCE STIDILE.	r <u>xxxxaa</u>	
(b) S. Perry Penland, Ur.		- P S
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	- 87 19
2010 01 001 1		
2018 Cheroles Dr.		_
NEW Registered Office Address:		
		_
2001	20006	
reptine Beach, F	l <u> 300.66                                  </u>	-
If the limited liability company is not organized under the la		
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited I	of the registered office	e and the business office of the registered
was/were authorized by an affirmative vote of the members	of the limited liabilit	y company or as otherwise provided in
the articles of organization or the operating agreement of the	e limited hability con	mpany.
Signature of a member or authorized representative of a member	<u>). 4211</u>	Printed or typed name of signee
I hereby accent the appointment as registered agent and as	nee to act in this can	acity. I further garee to comply with the
provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, l	e performance of my ed for in Chapter 60.	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed
to merely reflect a change in the registered office address, I notified in writing of this change.	héreby confirm that	the limited liability company has been
700		
Signature of Registered Agent		

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