## 1-11000144191

(Rec	questor's Name)				
(Address)					
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(Document Number)					
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March 11, 2016

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Agent to be filed on behalf of Kaskaskia River Farm Florida, LLC, along with the required fee of \$25.00. Do not hesitate to contact me should you have any questions or require additional information. Thank you for your assistance in this matter.

Sincerely,

Sherri L. Aldrich

Corporate Paralegal

**Enclosures** 

## **COVER LETTER**

TO: Registration Section Division of Corporations					
Kaskaskia River Farm Florida	Kaskaskia River Farm Florida, LLC				
Name o	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 r	natter to the following:				
Sherri Aldrich					
Name of Person					
Rural King					
Firm/Company					
4216 Dewitt Avenue					
Address	<del></del>				
Mattoon, IL 61938					
City/State and Zip Code					
saldrich@ruralking.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ease call:				
Sherri Aldrich	217 235-7102 Ext. 544				
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				

TO:

## 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.

	me of the limited liability company: Naskaskia 1648 Taylor Road	kaskia River Farm Florida, LLC 4216 Dewitt Avenue		
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#478		Mattoon	, IL 61938
	Port Orange, FL 32128	<del></del>		
	12/27/2011		L1100014	44191
	Date of filing/registration in Florida	4.		Document number
(a)	Corporation Service Company			
(a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	– e:
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	_
	Tallahassee, FL 32301			20 10
				2016 MAR 15
	,1	FL		
<b>/L</b> \				Sign on the
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	<u>lress</u> :	E PROPERTY
				PM Z: 43
	Gary W. Melvin			_
	NEW Registered Office Address:			
	1648 Taylor Road, #478			-
	Port Orange	<sub>FL</sub> 32128		
e cha ent w is/we	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the companion of the operating agreement of the companion of the operating agreement of the companion of the companion of the operating agreement of the companion of	of the regis liability co s of the lim	tered officempany, it is ited liabilit	e and the business office of the regist s hereby confirmed that the change(s y company or as otherwise provided
<u> </u>	a a la la co	Ga	ry Melvin	, Managing Member
_	ure of a member or authorized representative of a member			Printed or typed name of signee
1eret 2visi 2 obli mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act te performa ded for in C I hereby co	in this cap ince of my chapter 605 onfirm that	acity. I further agree to comply with duties, and I am familiar with and ac 5, F.S. Or, if this document is being fi the limited liability company has bee

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

Signature of Registered Agent