## 11000/45260

(Reque	estor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



900248518199

13 JUN 24 PM. 1: 04

DEPARTMENT OF STAT

13 JUN 24 AM 7: 4;

SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 2 5 2013 T. I**LAMPTON** 

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/24/13

NAME: L & M FARMS OF SOUTH FLORIDA, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## 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.

Name of the limited liability company: L&M i	FARMS OF SOUTH FLORIDA, LLC	
2. (a) Principal office address of limited liability comp	pany: 2925 Huntleigh Drive Suite 204	
(Note: MUST BE STREET ADDRESS)	Rateigh, NC 27604	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
December 29, 2011		
3. Date of filing/registration in Florida	L11000145260 4. Document number	
5. (a) Registered Agent and Registered Office shown		
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, Florida 33324	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive	
(MOST BE TECKIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company.  Signature of a member of authorized representative of a member	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited section of the case of a Florida limited section of the case of a formative voter stherwise provided in the articles of organization of the case of the	
Printed or typed name of signer	7: 42	
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address/1-hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree & Proper and complete performance of my duties, y position as registered agent as provided for in parely reflect a change in the registered office pany has been notified in writing of this change.	
Division of Corporations, P.O. Box	•	

FILING FEE: \$25.00