12000065199

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
JUN 0 8 2012					
L. SELLERS					

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12 JUN - / FN 45 45
SECRETARY OF STATE
TALL A HASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	UBJECT: Three French Hens Farm LLC				
	Name of	Limited	l Liability	Company	
Dear !	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office (Change and	d fee(s) are submi	itted for filing.
Please	e return all correspondence concerning	g this m	atter to the	following:	
	1				
	Laura Lee White Name of Person				
	Three French Hens Farm L	LC			
	Firm/Company	•	·		
	7714 SW 60th Avenue				
	Audiess				
	South Miami, FL 33143				
	City/State and Zip Code				
Е	laura@threefrenchhensfarmmail address: (to be used for future annual report	notification	on)		
For fu	urther information concerning this mat	tter, ple	ase call:		
	Laura Lee White	at (_	786)	205	-3123
	Name of Person			a Code & Daytime Tele	·
	STREET/COURIER ADDRESS:		MAIL	ING ADDRESS:	
	Registration Section	Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
	Tallahassee, Florida 32301			wante	-
	Enclosed is a check for the followi	ing amo	ount:		
	\$25 Filing Fee		\$55 F	Filing Fee & Certi	ified 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.

1. Name of the limited liability company:	Three French Hens Farm LLC		
2. (a) Principal office address of limited liability c	ompany:		
(Note: MUST BE STREET ADDRESS)	7714 SW 60th Avenue South Miami, FL 33143		
(b) Mailing address of limited liability company	y:		
(Note: MAY BE POST OFFICE BOX)	PO Box 431212 South Miami, FL 33243-1212		
05/15/2012	L12000065699		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:		
Registered Agent:	United States Corporation Agents, Inc.		
Registered Office Address:	13302 Winding Oak Court		
•	Suite A Tampa, FL 33612		
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	/or NEW Registered Office address: Laura Lee White		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	7714 SW 60th Avenue South Miami ,FL 33143		
Signature of a member or authorized representative of a member Laura Lee White Printed or typed name of signee	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, Thereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree of the proper and complete performance of my duties, of my position as registered agent assprovided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.		

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