Division of Corporations **Electronic Filing Cover Sheet**

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JUL! 3 2012

T. HAMPTON

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. Nε	ame of the limited liability company: Cleaphai LLC	
2. (a)	Principal office address of limited liability company	y: 2550 Goodlette Road North, Suite 100
	(Note: MUST BE STREET ADDRESS)	Naples, Florida 34103
(b)) Mailing address of limited liability company:	2550 Goodlette Road North, Suite 100
	(Note: MAY BE POST OFFICE BOX)	Naples, Florida 34103
5/22/2	2012	L12000068896
3. Da	ate of filing/registration in Florida	4. Document number
5. (a	Registered Agent and Registered Office shown on t Registered Agent:	the records of the Florida Dept. of State: RON MAHAN 2550 GOODLETTE ROAD NRTH, SUITE 100
Register	Registered Office Address:	NAPLES FL 34103
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	W Registered Office address: Business Filings Incorporated
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. Park Avenue Tallahassee ,FL 32301
configured and the liabil of the or the Signature	limited liability company is not organized under the limed that after the change or changes are made, the Fline business office of the registered agent will be identity company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company. Let of a member or authorized representative of a member. D'Connor, Vice-President, MCC Ag Investments, LLC, Ma	lorida street address of the registered office cical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization of the companization of the companiza
	d or typed name of signee	anager S
I her comp and I Chap addre	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to me ass. I hereby confirm that the limited liability company Mark Williams, AVP Business Filings Incor	
	D. 11 AC 41 D. D. D. 40	

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

INHS18 (05/08)

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