

4/22/2015 3:55:38 PM From: To: 8506176383 (1/3)
 Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 205-8842
 Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
734 CITRUS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
 15 APR 22 11:10:00
 DIVISION OF CORPORATIONS
 FLORIDA DEPARTMENT OF STATE

FILED
 15 APR 22 PM 4:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Help

APR 23 2015

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4/22/2015 3:55:38 PM From: To: 8506176383(2/3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 734 CITRUS HOLDINGS, LLC

Name 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 matter to the following:

Abby Schepens

Name of Person

NRAI Corporate Services

Firm/Company

2875 Michelle Dr., Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

adclair@alico-inc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Schepens

at (949)

955-9585

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

TNHS18 (2/14)

4/22/2015 3:55:38 PM From: To: 8506176383(3/3)

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: 734 CITRUS HOLDINGS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
181 Highway 630 East
Frostproof, FL 33843
10/19/2012

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
181 Highway 630 East
Frostproof, FL 33843
L12000133666

3. Date of filing/registration in Florida 4. Document number

5. (a) HUGHES, TIMOTHY M, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NRAI Services Inc

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation FL 33324

(b) NRAI Services Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Denise Plair

Signature of a member or authorized representative of a member

Denise Plair

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI Services Inc

By:

Signature of Registered Agent

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

INHS18 (2/14)

FLS13-61447014 Update Rules Online

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA