L1200	0155903
(Requestor's Name) (Address)	000306997140
(Address)	000300997140
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	12/28/1701024015 ↔+25.00
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2017

DESTINY BAYLOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: ISLAND GROVE TREE FARM, LLC Ref. Number: L12000155903

We have received your document for ISLAND GROVE TREE FARM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 117A00026316

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ISLAND GROVE TREE FARM, 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:

Destiny Baylor

Name of Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

paracorp@myparacorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

800 533-7272 **Destiny Baylor** at (Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: **Registration Section** Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 **Clifton Building** Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

Na	me of the limited liability company:	ISLAND GRO			1, LLU		
(a)	2727 LAKE PICKETT PLACE		(b) 2727 LAKE PICKETT PL.			ACE	
(")	Principal office address of limited 1 (<u>Note: MUST BE STREET</u> .				Mailing address of limited (Note: MAY BE POST		
	CHULUOTA, FL 32766			CHULU	OTA, FL 32766		
	12/13/2012			L120001	55903		
	Date of filing/registration i	in Florida	4,		Document number		
(a)	B. C. Curporate S Registered Agent and Registered Office sho	Dervices () f (f The Florida	Dept. of Stat	Florida		
	C/O BEHMCPA						
	•	FLORIDA STREET			_		
	1560 Orange A	venue e	suite	600	-		
	Winter Park	, FI		2789	-		
(b)	Paracorp Incorporated				_	 (p-1)	18
	Enter name of <u>NEW Registered Agent</u> and	d/or <u>NEW Registere</u>	I Office add	<u>iress</u> :		1	LAL.
	155 Office Plaza Drive, 1	ist Eloor		<u></u>	_	• •	
	NEW Registered Office Address:						AH 11: 5
	- <u></u>						: 57
	Tallahassee	, Fl	323	01		$\mathbf{N}_{\mathbf{r}}$	

the change or changes are made, the Florida street address of the registered office and the obstites office of the registered office and the obstites of the registered office and the obstites office of 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.

s. ti U Signature of a member or authorized representative of a member

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.

Milton Von Assistant Secretary Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: S25.00