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NAME:

L & M ISLAND FARMS LLC

TYPE OF FILING: CHANGE OF AGENT

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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 ISLAND FARMS LLC
2. (a) Principal office address of limited liability compa	iny: 131-W-CRACKER SWAMP-RD.
(Note: MUST BE STREET ADDRESS)	Ralfigh NC 27604 EAST PALAKA EL 22:31
(b) Mailing address of limited liability company:	P.O. BOX 369
(Note: MAY BE POST OFFICE BOX)	EAST PALAKA, Fl. 32131
April 17, 2013	L13000056948
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CORN, LARRY H
Registered Office Address:	131 W. CRACKER SWAMP RD.
	EAST PALAKA, FL 32131
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	National Corporate Research, Ltd., Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive
	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby contirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608/F.S. Or, if this document is being filed to maddress, thereby confirm that the limited liability company.	rôper and complete pérferinaisem fine diffies, ostifon as registered agent as provided frein erely reflect a change in the registered affect as the ny has been notified in writing of his change.
Signification of Registered Agent Lucy Rose, Assistant Secretary Division of Corporations, P.O. Box 6 FILING FEE:	327, Tallahassee, FL 32314 🚆 🙀 😈