13000 130 409

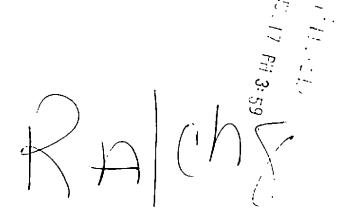
(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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07/17/19--01011--001 **25.00



JUL 25 2019

COVER LETTER

TO: Registration Section

Divisio	on of Corporations					
SUBJECT: _	Ferrell Farms					
SUBJECT	Name of Limited Liability Company					
Dear Sir or Ma	adam:					
The enclosed F	Registered Agent/Registered Of	fice Change a	and fee	c(s) are submitted for filing.		
Please return a	all correspondence concerning th	nis matter to t	he fol	łowing:		
Jason Ferre	ell					
	Name of Person	·				
Ferrell Farm	ns LLC					
	Firm/Company					
900 Hwy 78	West					
	Address					
Okeechobe	e Fl, 34974					
****	City/State and Zip Code					
•	son@gmail.com					
E-mail a	ddress: (to be used for future an	nual report n	otifica	ation)		
For further inf	formation concerning this metter	r, please call:				
Jason Ferre	ell .	863		634-7737		
	Name of Person	u. (Area Code & Daytime Telephone Number		
Regist Divisi Clifto: 2661 l	tration Section fon of Corporations n Building Executive Center Circle nassee, Florida 32301	•	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enclo	sed is a check for the followin	g amount:				
☑ \$25	5 Filing Fee		1 \$ 55	Filing Fee & Certified Copy		
INHS18 (2/14)						

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. N	ame of the limited liability company: Ferrell Farms	LLC		_				
2. (a)	900 Hwy 78 W	(b) 900	Hwy 78 W	<u>-</u>				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDR) (§		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Okeechobee FI 34974	Oke	Okeechobee FI 34974					
	06/27/2019	L1300	00130409					
3. 5. (a)	Date of filing/registration in Florida Jason Ferrell	4.	Document number	· ·				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:					
	Registered Office Address 900 Hwy 78 W	ADDRESS)		21				
	Okeechobee, FL	34974		2019 J.:				
(b)	Denise Ferrell			· · · · · · · · · · · · · · · · · · ·				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		<u>P</u> သ				
	NEW Registered Office Address:			59				
	900 Hwy 78 W							
	Okeechobee, FL	34974						
the cha agent v was/we the arti	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liater authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of the registered of the limited liable of the liable of	office and the business office t, it is hereby confirmed that bility company or as otherw company.	of the registered the change(s) ise provided in				
_	ture of a mamber or authorized representative of a member		Printed or typed name of sig					
provisi the obl to meri	by Accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to my duties, and I am Jamilian 605, F.S. Or, if this docum that the limited liability com	comply with the r with and accept ent is being filed pany has been				
Signatu	Herbit Registered April							

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