113000/64276

(Requestor's Name) (Address)					
(City/State/Zip/Phone #)					
PICK-UP	TIAW	MAIL			
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

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11/07/19--01017--004 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Flying M Farm and Ranch LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the	following:				
Clayto	on R Sorey						
	Name of Person	14,	_				
Flying	g M Farm and Ranch LLC						
	Firm/Company		_				
755 A	Addamson Road						
	Address	· · · · · · · · · · · · · · · ·					
Coco	a, FL 32926						
	City/State and Zip Code						
clay.s	sorey@vapaving.com						
H	E-mail address: (to be used for future annual	ual report notif	īcation)				
For fu	rther information concerning this matter,	please call:					
Clayto	on Sorey	321	403-1546				
	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		Ro Di P.o	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	□ S	55 Filing Fee & Certified Copy				
INHSI	8 (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: Flying M Farm	and R	anch LLC			
2. (a)	755 Adamson Road	(h)	(b) 755 Adamson Road			
2 . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Cocoa, FI 32926		Cocoa, 3	2926		
	October 16, 2019	 -	_1300016	4276		
3.	Date of filing/registration in Florida	4.]	Document number		
(b)	Registered Agent and Registered Office shown on the records of to Debra Mallard Registered Office Address (MUST BE FLORIDA STREET AT 755 Adamson Cocoa, FL, FL Clayton R Sorey Enter name of NEW Registered Agent and/or NEW Registered 755 Adamson Road NEW Registered Office Address:	32926		2019:NOV - 7 PH 3: 01 SECRETARY OF STATE TALL AHASSEE, FI ORIDA		
	Cocoa, FL	32926				
the charge agent was/w the art Sign: I hero provis the obto mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre afthorized by an affirmative vote of the members of icles of organization or the operating agreement of the mark of a member of authorized representative of a member	the regis ability co if the lim limited l Deb	tered office mpany, it is ted liability ability com ra Mallarc	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee		

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