

L14000008/12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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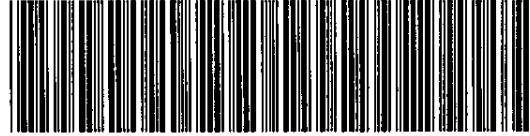
(Business Entity Name)

(Document Number)

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FEB 17 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW MOON FARMS, 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:

ALVARO GAMBOA

Name of Person

NEW MOON FARMS, LLC

Firm/Company

190 MANNIE GUNN ROAD

Address

QUINCY, FL 32351 US

City/State and Zip Code

AGAMBOA@GAMBOABROS.COM

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

For further information concerning this matter, please call:

ALVARO GAMBOA

Name of Person

at (610) 476-8310

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2014

ALVARO GAMBOA
NEW MOON FARMS LLC
190 MANNIE GUNN ROAD
QUINCY, FL 32351 US

SUBJECT: NEW MOON FARMS LLC
Ref. Number: L14000008112

We have received your document for NEW MOON FARMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 714A00026450

RECEIVED
15 FEB 17 PM 12:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: NEW MOON FARMS, LLC

2. (a) 190 MANNIE GUNN ROAD (b) 190 MANNIE GUNN ROAD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

QUINCY, FL 32351 QUINCY FL 32351

3. JANUARY 17, 2014 4. L14000008112
Date of filing/registration in Florida Document number

5. (a) BUSINESS FINANCES INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 E. PARK AVE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE,
, FL 32301

(b) ALVARO GAMBOA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

190 MANNIE GUNN ROAD
NEW Registered Office Address:
QUINCY, FL 32351

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 17 PM 4:01

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.

[Signature]
Signature of a member or authorized representative of a member

ALVARO GAMBOA, MANAGING 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.

[Signature]
Signature of Registered Agent