

L14000061768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

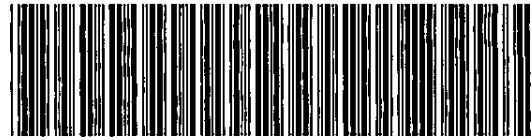
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100259801101

RA
Change

05/05/14--01005--015 **25.00

FILED
2014 MAY -5 PM 1:18
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DR
5/16/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galilee Worm Ranch, 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:

Patricia B Stuart, CPA
Name of Person

Odom, Moses & Company, LLP
Firm/Company

4424 NW American Lane, Suite 101
Address

Lake City, FL 32055
City/State and Zip Code

ormank@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia B Stuart at (386) 752-4621 x 3932
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

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

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: Galilee Worm Ranch, LLC

2. (a) 135 SW Regiment PL, Lake City, FL 32024
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) P O Box 310, Tavernier, FL 33070
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. April 15, 2014 Date of filing/registration in Florida

4. L14000061768 Document number

5. (a) Business Filings Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
515 E Park Avenue
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tallahassee, FL 32301

2014 MAY -5 PM 1:18
 FILED
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA

(b) Keith F Orman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

135 SW Regiment PL
NEW Registered Office Address:

Lake City, FL 32024

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.

Keith Orman
Signature of a member or authorized representative of a member

Keith F Orman
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.

Keith Orman
Signature of Registered Agent