L14000064416

(Requestor's Name)						
(Address)						
(Address)						
(City/St	ate/Zip/Phone #)	<u> </u>				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

Office Use Only



400312030744

04/20/18--01001--002 **55.00

FILED
18 MR 19 PH 2: 21
SHELMED FINITE

K. SALY APR 2 0 2018

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	OPENGATEFARMFL LLC Name of Limited Liability Company					
SUBJECT						
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to th	e following:			
Hugh J Mo	cFadden					
	Name of Person					
OPENGA ⁻	TEFARMFL LLC					
	Firm/Company					
14626 We	st Hwy 318					
	Address					
Williston, F	Florida, 32696					
	City/State and Zip Code					
hugh@ope	engatefarmfl.com					
E-mail	address: (to be used for future ann	ual report not	ification)			
For further in	nformation concerning this matter,	please call:				
Hugh J. M	cFadden	352 at (528-1003			
	Name of Person	ut (Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
□ \$2	25 Filing Fee	₩:	\$55 Filing Fee & Certified Copy			
INHS18 (2/14	1)					

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.	Na	me of the limited liability company: OPENGATEFA	ARME	LLLC	ز 		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14626 West Hwy 318	_ (М	lailing address of l	limited liability company: POST OFFICE BOX)
		Williston, FL, 32696	_	Willi	iston,	FL, 32696	
		April 21, 2014		L140	0006	4416	
3.		Date of filing/registration in Florida UNITED STATES CORPORATIONS INC	4.]	Document num	iber
5.	(a)	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. o	of State:		E6 a
		Registered Office Address (MUST BE FLORIDA STREET ALL 13302 Winding Oak Court	DDRES	<u>S)</u>			FILED MR 19 PA MINISTER
		Tampa, FL 3	3612				PN 2: 21 PN 2: 21 PN 2: 21
,	(b)	HUGH J MCFADDEN Enter name of NEW Registered Agent and/or NEW Registered C NEW Registered Office Address:	Office ac	<u>ldress</u> :			21 RIDS
		14626 WEST HWY 318					
		WILLISTON , FL	32696				
the age was	cha nt w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he regined in the line in the	stered ompany nited lia liability	office y, it is ability y com	and the busine hereby confirm company or as	ss office of the registered ned that the change(s)
I h pro the to n	erel visio obli nere ified	ure of a member of authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete position as registered agent as provided by reflect a change in the registered office address, I have the proper and the proper and the proper acceptance of the proper acceptance of the proper acceptance and the proper acceptance and the proper acceptance and the proper acceptance and the proper acceptance acceptance acceptance and the proper acceptance acceptance acceptance acceptance and the proper acceptance ac	e to acceptorm for in ereby c	t in this ance o Chapte onfirm	s cana	Printed or typed n city. I further uties, and I am F.S. Or, if thi he limited liabi	garee to comply with the