## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enterethe email address for this business entity to be used for future "annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC REGISTERED AGENT CHANGE PARK AG SERVICES, LLC

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## 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.

l. Na	ame of the limited liability company:  Park Ag Services L	LC	
2. (a)		(b)	
• ′	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ · /	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	04/22/2014	L140000	67761
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	PARK, J. LEONARD		
). ( <i>a</i> )	Registered Agent and Registered Office shown on the records of the		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	8430 Eagle Brook DRIVE		
	Land O Lakes . FL	34638	20
.1.	Registered Agents Inc		2023 NOV 27
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	
	7901 4th St N		7 PH
	NEW Registered Office Address:		
	STE 300		. 03
	St. Petersburg	33702	
he cha igent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered of bility company, the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
7/	ii	Robin Jones	• •
Signal	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mcre wtibec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha f in writing of this change.	e to act in this coerformance of for in Chapter ereby confirm the	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
	David Roberts - Assistant Sec	cretary	

Signature of Registered Agent