

4400014030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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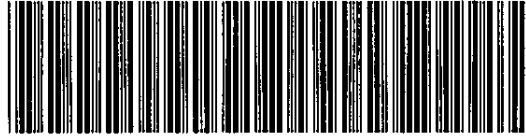
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 08 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primal Pastures 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:

Bryan McDaniel

Name of Person

Primal Pastures LLC

Firm/Company

660 Thurber Dr W Apt C4

Address

Columbus, OH 43215

City/State and Zip Code

bmcDani@gmail.com

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

For further information concerning this matter, please call:

Bryan McDanel

Name of Person

at (614)

715-0516

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

INHS18 (2/14)

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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: Primal Pastures LLC
2. (a) 260 S. Osceola Ave
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Unit 807
Orlando, FL 32801
- (b) 260 S. Osceola Ave
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Unit 807
Orlando, FL
3. 7/21/2014 Date of filing/registration in Florida
4. L14000114030 Document number

5. (a) LegalInc Corporate Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Summerlin Commons

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 400

Fort Myers, FL 33907

- (b) Jeffrey Hosterman

Enter name of NEW Registered Agent and/or NEW Registered Office address:

260 S. Osceola Ave

NEW Registered Office Address:

Unit 807

Orlando, FL 32801

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.

Bryan McDaniel
Signature of a member or authorized representative of a member

Bryan McDaniel

Printed or typed name of signer

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.

Jeffrey W. Hosterman
Signature of Registered Agent

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