L14000 165384

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
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| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| (Boodine it No. 1105.) | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Harris Hill | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Register | ered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence conce | rning this matter to the following: |
| Jennifer Blis Name of Perso | <u>5</u> |
| Harris Hill Farm Firm/Company | LLC · |
| 2511 Deer Ru Address | n Blud. |
| Loxahatchee, FL City/State and Zip | 33470 Code |
| Jbb 2020 @ 101. | (om |
| E-mail address: (to be used for ful | |
| For further information concerning this | matter, please call: |
| Jennifer Bliss Name of Person | at (914) 954- 7446 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRE 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 fol | llowing 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.

| 1 107 10 | | | | | |
|---|---|--|--|--|--|
| 1. N | ame of the limited liability company: Harris Hi | 11 FO | vm, L | <u>C</u> · | |
| 2. (a) | 2511 Deer Run BlvJ. | _ (b) _ | 2511 | Deer Run Blvd | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | ng address of limited liability company: ote: MAY BE POST OFFICE BOX) | |
| | Loxahatchel, FL | | , | 19tchel FL | |
| | 22.100 | | noxar | 20 | |
| | 33970 | | <u> </u> | 10 | |
| | 10/23/2014 | | L14 | 000165384 | |
| 3. | Date of filing/registration in Florida | 4. | Do | cument number | |
| 5. (a) | Jennifer Bliss | | | | |
| | Registered Agent and Registered Office shown on the records of the | ne Florida D | ept. of State: | | |
| | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AL | | | | |
| | 2462 Bedford Mews Dr | <u>,</u> | | | |
| | wellington ,FL | 33 | 3414 | TALL SE | |
| | J | | 1 | CREE CALL | |
| (b) | | | | SA 7 | |
| Enter name of NEW Registered Agent and/o NEW Registered Office address: | | | | | |
| | Jennifer Bliss | | | AH 7: 30 COF STATE E. FLORIDA | |
| | NEW Registered Office Address: | 1 | | RATI | |
| | 2511 Deer Run Bly | <u>1d.</u> | | | |
| | Loxaliatchee ,FL | 33 | 470 | | |
| the cha agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of twill 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 limited liability. | he registe bility com the limite | ered office and pany, it is he ed liability co | d the business office of the registered reby confirmed that the change(s) ompany or as otherwise provided in | |
| | | | | • | |
| Sign | nyre of a member or authorized representative of a member | | Pri | mted or typed name of signce | |
| provis the ob to mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a in writing of this change. | e to act in performan for in Ch ereby con | n this capacit ace of my duti apter 605, F. firm that the | y, I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been | |
| Signar | are of Registered Agent | | | | |