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| (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: | | | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| SUBJECT: TALL PINES FARMS, | | | | | | | | |
| 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 f | ollowing: | | | | | | | |
| DENISE A. ROBERTS | | | | | | | | |
| Name of Person | | | | | | | | |
| TALL PINES FARMS, LLC | _ | | | | | | | |
| Firm/Company | | | | | | | | |
| 13008 Sunshine Grove Road | <u> </u> | | | | | | | |
| Address | | | | | | | | |
| Brooksville, FL 34614 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| tall pines farms. In Cogmail. Con E-mail address: (to be used for future annual report notifie | | | | | | | | |
| · | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| DENISE A. Roberts at (800) | <u>218-8958</u> Area Code & Daytime Telephone Number | | | | | | | |
| Mailing Address: | Street Address: | | | | | | | |
| Registration Section Division of Corporations | Registration Section | | | | | | | |
| P.O. Box 6327 | Division of Corporations The Centre of Tallahassee | | | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| | 5 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. | Nai | me of the limited liability company: TALL PINES | FA | RMS, | LLC | | | |
|----------------|--------------------|--|---------------------|---------------------------|--|-------------------------------|---------------------|-------------|
| 2. (a | a) | 12000 (1 - () 0) | | _ | 8 Sunshin | Grove | ROI | <u></u> |
| ` | • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | М | ailing address of lin | nited liability c | ompany | |
| | | BROOKSVILLE, FL 34614 | | 0 | DOKSVIIIE, | | | |
| | | | | | | | • | |
| | | $\frac{OU/O3/3037}{11/O3/3014(000)}$ Date of filing/registration in Florida 4. | | | | | • | |
| | , | 11/03/2014(000) | | 214 | 000/702 | 54 | | |
| 3. | | | | C | Document numbe | er | | |
| 5. (| | GARY ROBERTS | | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida | a Dept. | of State: | | | | |
| | | 13008 Sunshine Grave Abad | | | • | 7 <u>1</u> | 20 | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS | <u>S)</u> | | | <u>}-</u> . | 2022 J | |
| | | | | | | A: | JUN 13 | ÷· |
| | | BROOKSUITE FL 34 | 161 | 4 | | en - En -≺ En -≺ | $\overline{\omega}$ | |
| | | DENISE A. ROBERTS | | | | | PH | 10 |
| (t | _ | Enter name of NEW Registered Agent and/or NEW Registered Office ad | ddress: | | | STATE | ယ္ | |
| | | | | | |). } | ڝٛ | |
| | | 13008 Sunshine Brove Roc | <u> 201</u> | | | | | |
| | | NEW Registered Office Address: | | | | | | |
| | | | | | | | | |
| | | Brooksville FL 34 | 614 | <i>l</i> . | | | | |
| 104 | 1. | | - | | | ~ , , | | |
| chan | ge - | mited liability company is not organized under the laws of the or changes are made, the Florida street address of the registere | ed offi | ice and t | the business offi | ice of the reg | gisterec | i |
| agen was/ | t w wei | ill be identical. Or, in the case of a Florida limited liability core authorized by an affirmative vote of the members of the lim | ompan nited l | ıy, it is l iability (| nereby confirmed company or as o | d that the ch therwise pro | ange(s |) in |
| | | thes of organization or the operating agreement of the limited I | liabilit | ty comp | any. | • | | |
| Ci | L | ense a Roberts | DE | ENIS | T. A. ROŁ Printed or typed nam | 3EDTS | | |
| | | are of a member or authorized representative of a member | | | •• | ŭ | l | .1. |
| ner provi | ren Isio Mi | y accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete perform gations of my position as registered agent as provided for in C by reflect a change in the registered office address. I hereby co | i in ini. ance d | s capac of my du | riv. 1 Juriner agi tiles, and I am fa | ree to compl miliar with | iy with and ac | the cept |
| to me notif | erel ied | ly reflect a change in the registered agent as provided for the in writing of this change | onfirm | that the | e limited liability | v company h | ias bee | neu N |
| mzi. | / | Demine a Polyento | | | | | | |
| Signa | <u>/2</u> Ituru | e of Registered Agent | | | | | | |