L 14000187056

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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
Grower Management Resour	rces, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Anna R Jameson					
Name of Person					
Grower Management Resources, LLC					
Firm/Company					
480 CR 416S					
Address					
Lake Panasoffkee, FL 33538					
City/State and Zip Code	 				
anna@briteleaf.com					
E-mail address: (to be used for future annu	nal report notification)				
For further information concerning this matter, p	please call:				
Anna R Jameson	352 793-6861				
Name of Person	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				

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	ame of the limited liability company: Grower Mana	gemen	t Resourc	es, LLC	
2. (a)	office	(b	(b) mailing		
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	480 CR 416S		480 CR	416S	
	Lake Panasoffkee, FL 33538	_	Lake Pa	nasoffkee, FL 33538	
	11/30/2015		L1400018	37056	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent				
3. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- 2:	
	United States Corporation Agents, Inc.				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2	-	
	13302 Winding Oak Court A				
	Tampa, FI	33612			
4.5	NEW Registered Agent			PIS DEC	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	EAST I	
	Anna R Jameson			PH 3: 16	
	NEW Registered Office Address:			7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	480 CR 416S			Sec.	
	Lake Panasoffkee , FL	33538		_	
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis ability co of the lim limited l	stered office ompany, it is sited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide else reflect a change in the registered office address, I did not make the manage of this manage.	ree to act perform d for in (hereby co	in this cape ance of my e Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	

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