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COVER LETTER

BLUEBIRD FARM OF WILLISTO	N LLC
SUBJECT: Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
NORM D. FUGATE	
Name of Person	
NORM D. FUGATE P.A.	
Firm/Company	
248 N.W. MAIN STREET	
Address	
WILLISTON, FLORIDA 32696	
City/State and Zip Code	
norm@normdfugatepa.com	
E-mail address: (to be used for future ann	·
For further information concerning this matter,	please call:
Norm D. Fugate	352 528-0019
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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 N:	une of the limited liability company: BLUEBIRD) FARM OF	WII.	LISTON	LLC		_	
2. (a)	18525 NW HWY 335 WILLISTON, FLORIDA 3269)6		18525 N	W HWY 335 WIL	LISTON, F	LORII	OA 32696
Δ. (α)	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	y:	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	01/20/2020 Date of filing/registration in Florida	4.	<u>i.</u>	1400018	7711 Document num	nber		
5. (a)								
.). (4)	Registered Agent and Registered Office shown on the recon NRAI SERVICES, INC	rds of the Flo	rida 1)	ept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD				_	, ,		
	PLANTATION	FL33324	4				2020 :	
(b)						EAHA	SEP -8	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	Mered Office	addr	<u>ess</u> :		V OF ST	AM 9:	M
	NEW Registered Office Address:		_			J. P.	2	
	248 N.W. MAIN STREET			_	_			
	WILLISTON	_, FL_32696	6		_			
change agent was/w	imited liability company is not organized under the or changes are made, the Florida street address cwill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement or	of the regist ted liability bers of the	tered com limit	office a pany, it ed liabil	nd the business o is hereby confirr ity company or a	office of th med that th	e regis ie chan	tered gc(s)
	LL CBe		JAUF	EL.C.B	LAKEMORE	8 1		
	nure of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provided reflect a change in the registered office address of my ring of this change.	d agree to o plete perfor ovided for i ss, I hereby	act ir rman in Ch v con	this ca ce of my apter 60 firm tha	Printed or typed in pacity. I further is duties, and I am 15, F.S. Or, if this table limited liable.			with the ad accept ing filed a been
Signati	Division of Corporations I	– P.O. Box 6 NG FFE: S			assee, FL 32314			