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(Requestor's Name)					
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(City/Stai	e/Zip/Phone #)				
PICK-UP] WAIT	MAIL			
. (Busines	s Entity Name)				
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Certified Copies	Certificates of	Status			
Special Instructions to Filips Officer					
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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	ame of the limited liability com	tpany: AG-PRO TEXA	S, LLC		
2. (a)	19595 US HWY 84 EAST Principal office address of li (Note: MUST BE ST	• • •	(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOSTON	GA 31626	_		N, GA 31626
-	06/11/2015		- , -	L1500010	
3.	Date of filing/registra	ation in Florida	4.		Document number
5. (a)					_
	Registered Agent and Registered Of	fice shown on the records of	the Florida	Dept. of State	e:
	17200 GRASSY POINT LA	NE			404
	Registered Office Address (MUS	<u>ST BE FLORIDA STREET A</u>	ADDRESS	<u> </u>	
					THE RESERVE
-	TALLAHASSEE	, FL	32309		THEO M P. L.
(b)					
	Enter name of NEW Registered Ag	ent and/or NEW Registered	Office add	lress:	
	1201 Hays Street NEW Registered Office Address:				•
	Tallahassee	, FL	32301		-
the cha agent v was/we	ange or changes are made, the I will be identical. Or, in the cas	Florida street address of e of a Florida limited lia e vote of the members o	the regis ability co of the limi	tered office mpany, it is ited liability	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	Sie E ao		Jill C	ilmi, Autho	rized Person
_	ture of a member or authorized repres				Printed or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as rions of all statutes relative to the ligations of my position as region reflect a change in the region writing of this change	egistered agent and agr he proper and complete stered agent as provided stered office address, I i	ee to act performa d for in C hereby co	in this cape ince of my e hapter 605 nfirm 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
Signatu	re of Registered Agent Corporation	on Service Company	BY: G	race E. Kir	by, Asst. Vice President

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

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1.	Na	me of the limited liability company: AG-PRO TEXAS	, LLC	·
2.	(a)	19595 US HWY 84 EAST	(b)	
	(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			<u></u>	PO BOX 95
		BOSTON GA 31626	_	BOSTON, GA 31626
		06/11/2015	_	L15000101753
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CARLTON, MATTHEW W		
		Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State:
		17200 GRASSY POINT LANE		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	1
		TALLAHASSEE , FL	32309	Iress:
	Z1-3	Corporation Sandan Company		Par De Contraction de la contr
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Office add	Iress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , FL	32301	
the ag wa the	e cha ent v is/we arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the liability and the liability and the liability and the liability are considered.	he regist pility cor the limit imited lia	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
	Signat	ure of a member or authorized representative of a member	JIII C	Cilmi, Authorized Person Printed or typed name of signee
I in protect the to no	herel ovisi e obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company	erforma for in Ci ereby coi	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
		Division of Compositions and D. D.		

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



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscqlobal.com

Date: April 5, 2018

Order#: 142825/005

Re: AG-PRO TEXAS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Valerie Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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