

L15000105709

(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:

Office Use Only



700273370817

06/30/15--01012--006 \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
15 JUN 30 AM 10:26

APPROVED  
AND  
FILED

15 JUN 30 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 30 2015

J SHIVERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Back to The Land, LLC  
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 following:

Dennis St Pierre-Charles  
Name of Person

\_\_\_\_\_  
Firm/Company

9601 Miccosukee Rd, Lot 57  
Address

Tallahassee, FL 32309  
City/State and Zip Code

dstpierrecharles@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis St Pierre-Charles at ( 850 ) 445-3189  
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, 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. Name of the limited liability company: Back To The Land, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**)

June 17, 2015  
3. Date of filing/registration in Florida

L15000105709  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Dennis St Pierre-Charles

Registered Office Address:

1608-B Metropolitan Circle

Tallahassee, FL 32308

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

9601 Miccosukee Road

LOT 57

Tallahassee, FL 32309

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of member or authorized representative of a member

Dennis St Pierre-Charles  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

APPROVED  
AND  
FILED  
JUN 30 AM 10:09  
TALLAHASSEE, FLORIDA