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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2017

FREDERICK TAVERES 9698 SW 160 ST STE 4 MIAMI, FL 33157

SUBJECT: TOPLINE PRODUCE LLC Ref. Number: L15000120228

We have received your document for TOPLINE PRODUCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete part 5A of the application

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 917A00017670

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COVER LETTER

TO: **Registration Section Division of Corporations**

Joplinie Ploduce LLC. Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick Javeres Name of Person

Tophine Produce, LLC. Firm/Company

<u>98 SW 1605T Ste 4</u> Address

IAM, 1/oride 33157 City/State and Zin Code

<u>305 Ferguson @ gmail.com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

edetich Taveles Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section Division of Corporations** Division of Corporations **Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy INHS18 (2/14)

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	me of the limited liability company: <u>Joplini Produce</u> LLC
2. (a)	9618 SW 160 sT574(b)9698 SW 160 sT572Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)MIQ.Mi, 1133157Manw, 71 33157
3.	$\frac{7/13/2015}{\text{Date of filing/registration in Florida}} $ 4. Document number
5. (a)	FREUERICIC TAVARGS Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL N N Actor
(b)	.FL. WINSTON FERGUSSON Enter name of <u>NEW Registered Office address</u> :
	NEW Registered Office Address: 9698 SW 160ST STE4
	<u>9698 SW 1605T STE4</u> Manie FI. <u>33,57</u>
the cha agent w was/wç	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cleared organization or the operating agreement of the limited liability company.
-	ure of a member or authorized representative of a member Printed or typed name of signce
Thereb	waccept 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 merally 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 of Registered Agent

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

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