Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

After the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Company Email Address:

LLC REGISTERED AGENT CHANGE D'OTTAVIO FLORIDA FARMS, LLC

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TO: Registration Section Division of Corporations

SUBJECT: D'OTTAVIO FLORIDA FARMS, 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:

Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy, Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann For further information concerning this matter,	
Mary Castillo	at (888) 705-7274
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 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
_ 550 - 11116 - 55	

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

(a)	1088 N MAIN ROAD, VINELAND, NJ 08360-2539	(b) <u>PO B</u> ()X 535, VINELAN	D, NJ 08341		
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- '	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		_ 					
	10/07/2015		1.15000	175312			
	Date of filing/registration in Florida	4.		Document nur	nber		
(a)	C T CORPORATION SYSTEM						
	Registered Agent and Registered Office shown on the records of the	e Horid	a Dept. of	State:			
	1200 S PINE ISLAND RD				S	2	
	Registered Office Address (ATUST BE FLORIDA STREET A	DDRES	<u>si</u>			2024 FEB	
	PLANȚATION . FL	33324			SHA THAS	B -5	. <u>.</u>
h)_	REGISTERED, AGENT SOLUTIONS, INC.				, OE 8	PH —	
	Entername of NEW Registered Agent and/or NEW Registered C)ffice a	<u>idress</u>		n	-: 2	
	2894 REMINGTON GREEN LANE, SUITE A				H	2	
	. NEW Registered Office Address:						
	ŢALLAHASSEE FL	32308	AA AR. 411A 4				
ige II w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the perating agreement of the liability of the liabili	s of the egister oility co the lin imited	ed office ompany, nited liab liability o	and the business it is hereby confir if ity company or a	office of the r med that the (egister change	ed (s)
1	ure of a member or authorized representative of a member				name of signee		

Mackenzie Hibler, Assistant Secretary