

L16000029327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

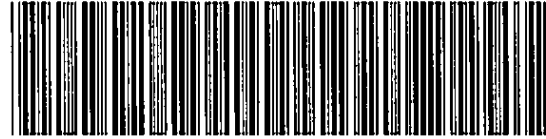
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500301651415

07/24/17--01046--011 ++25.00

FILED  
17 JUL 24 PM 4: 59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

JUL 27 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRANKLIN MILLER FAMILY FARM 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 SPROW  
Name of Person

FRANKLIN MILLER FAMILY FARM LLC  
Firm/Company

1706 AMHURST CIRCLE  
Address

SUN CITY CENTER FL 33573  
City/State and Zip Code

SPROW1@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS SPROW at ( 813 ) 495-3613  
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
3001 Pennsylvania Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6227  
Tallahassee, Florida 32314

ENCLOSURE

7/20/2007

7/20/2007

INTE

**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. Name of the limited liability company: FRANKLIN MILLER FAMILY FARM LLC

2. (a) 2611 COLEWOOD LN

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

DOVER, FL 33527

(b) 2611 COLEWOOD LN

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

DOVER, FL 33527

3. FEB. 11, 2016  
Date of filing/registration in Florida

4. L16000029327  
Document number

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

2611 COLEWOOD LANE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DOVER FL 33527  
\_\_\_\_\_, FL

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

1706 AMHURST CIRCLE  
**NEW Registered Office Address:**

SUN CITY CENTER, FL 33573

FILED  
17 JUL 24 PM 5:00  
TALLAHASSEE, FLORIDA

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.

Devils Spraw  
Signature of a member or authorized representative of a member

DEVILS SPRAW  
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.*

Devils Spraw  
Signature of Registered Agent