

L16000152882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section  
Division of Corporations

SUBJECT: San San Harvesting 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:

Patrick Joseph  
Name of Person

San San Harvesting LLC  
Firm/Company

P.O. Box 568905  
Address

Orlando, FL 32856  
City/State and Zip Code

San San Harvesting Co. smol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Joseph at (772) 834-1713  
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 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: Samson Harvesting LLC

2. (a) Chandra Joseph (b) Patrick Joseph

Principal office address of limited liability company:

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

2860 Delaney Ave

Orlando, Florida 32806

Mailing address of limited liability company:

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

P.O. Box 568905

Orlando, Florida 32856

08/15/2016

L16000152882

3. Date of filing/registration in Florida

4. Document number

5. (a) Chandra Joseph

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1807 Cloverlawn ave Orlando, Florida 32806

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1807 Cloverlawn Ave

Orlando, FL 32806

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

P.O. Box 568905

Orlando, FL 32856

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.

P. Joseph  
Signature of a member or authorized representative of a member

Patrick Joseph  
Printed or typed name of signee

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.

P. Joseph  
Signature of Registered Agent

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