## L17000663687

(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

INHS18 (2/14)

то:	Registration Section Division of Corporations				
SUBJ	Moon Acre Farm, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to the following:			
Anna	Smelley				
	Name of Person				
Moor	n Acre Farm, LLC				
	Firm/Company				
1125	Saddle Run				
	Address				
New	Smyrna Beach, FL 32168				
	City/State and Zip Code	<i></i>			
AMS	1015@gmail.com				
I	E-mail address: (to be used for future an	nual report notification)			
For fu	rther information concerning this matter	r, please call:			
Anna	Smelley	813 843-7553			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	g 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

Moon Acre Farm 11.C	Acre Farm, LLC  (L) Moon Acre Farm, LLC
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	(D)
1125 Saddle Run	1125 Saddle Run
New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168
March 22, 2017	L17000062687
Date of filing/registration in Florida	4. Document number
(a) Cheyenne Moseley, US Corp. Agents	
Registered Agent and Registered Office shown on the re-	cords of the Florida Dept. of State:
United States Corporations Agents, In	c
Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)
13302 Winding Oak Court A	
Tampa	FL 33612
(b) Anna Smelley  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> Moon Acre Farm	gistered Office address:
NEW Registered Office Address:	<del></del>
1125 Saddle Run	
New Smyrna Beach	, FL_32168
change or changes are made, the Florida street addent will be identical. Or, in the case of a Florida lin s/were authorized by an affirmative vote of the mer articles of organization or the operating agreement	r the laws of the State of Florida, it is hereby confirmed that after dress of the registered office and the business office of the register nited liability company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise provided in t of the limited liability company.  Anna M. Smelley
ignature of a member or authorized representative of a membe	Printed or typed name of signee
nereby accept the appointment as registered agent of ovisions of all statutes relative to the proper and control of the pr	and agree to act in this capacity. I further agree to comply with tomplete performance of my duties, and I am familiar with and accordined for in Chapter 605, F.S. Or, if this document is being fill lress, I hereby confirm that the limited liability company has been

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

Signature of Registered Agent