LITOURDB3985

| (Re | equestor's Name) | | | | | | |
|---|--|-----------|--|--|--|--|--|
| (Address) | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
| | WAIT | MAIL MAIL | | | | | |
| (Bu | siness Entity Nan | ne) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | ertified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| SUBJECT: Silly Goose FarmStead 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: | | | | | | | | | |
| George Britton Name of Person | | | | | | | | | |
| Firm/Company | | | | | | | | | |
| 18749 Blowntstown Hwy Address | | | | | | | | | |
| Tallahassee, RC 32308 32310 City/State and Zip Code | | | | | | | | | |
| Safarnstead@ gmail. Com Email address: (to be used for future annual report notification) | | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | | |
| Tracy Britton at (850) 345-6101 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 | | | | | | | | | |

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: | Silly | Goose | . Farm | stead | LLC | |
|--|---|--|--|---|---|--|--|
| 2. (a) | | | _ (b) | | | | |
| () | Principal office address of limited liabilit (Note: MUST BE STREET ADD | | _ (-) | _ | | ted liability comp ST OFFICE BO | |
| | 18749 Blountstown | Husy | | 8749 | Blow | ts town | Hwy |
| | Tallahassee, FL 32 | • | | allaher | ssee, F | C 3231 | 0 |
| | 4-14-17 | | | LIT | 0000 8 | 3485 | |
| 3. | Date of filing/registration in Flo | orida | 4. | Docum | nent numbe | T | |
| 5. (a) | George Britton | | | | | | |
| J. (w) | Registered Agent and Registered Office shown o | n the records of th | e Florida Dept. | of State: | | | |
| | | | | | | | |
| | Registered Office Address (MUST BE FLOR | IDA STREET A | DDRESS) | | | | |
| | 1237 Talbot Ave | | | | | en e | · 4 |
| | | , FL_ | 3230 | 36 | ALLAI | 7 HAY | • |
| | | | | | A | 22 | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered (| Office address: | | ָרָר. סְבָּרָ | | 1 , ጋ |
| | | | | | <u>.</u> | 9. 9. | |
| | | | | | 2 | · 52 | |
| | NEW Registered Office Address: | | | | 3 | | |
| | 18749 Blountsto | wn H | wy | <u> </u> | | | |
| | Tallahassee | , FL_ | 32310 | <u> </u> | | | |
| If the 1 | imited liability company is not organized | under the law | s of the State | of Florida, it | t is hereby c | onfirmed that | after |
| the cha | inge or changes are made, the Florida stro | eet address of t | he registered | office and the | ie business (| office of the r | egistered |
| was/we | vill be identical. Or, in the case of a Florere authorized by an affirmative vote of t | he members of | the limited l | iability comp | any or as ot | herwise provi | ided in |
| the arti | cles of organization or the operating agre | eement of the l | imited liabili | ty company. | | | |
| | Chace Britton | | | racy T | 3r, 110 | n of siones | |
| - | ture of a member or authorized representative of a | | | | | | with the |
| I neres provisi the obl to mere notified | by accept the appointment as registered ons of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered officed in writing of this change. | agent ana agre and complete p ent as provided ce address, I h | e to act in in performance of for in Chapt pereby confirm | is capacity. It is capacity is a first form of the second control | i juriner agi and I am fa Or, if this d ited liability | miliar with an ocument is be company has | with the id accept ing filed s been |
| Cimata | 15011m | | | | | | |

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