Division of Corporations



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## LLC REGISTERED AGENT CHANGE LHM CATTLE, LLC

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MAY 1 3 2020

## 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)	LHM Cattle, LLC		(b) LHM Car	attle, LLC	
a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company: (Nets: MAY BE POST OFFICE BOX)	
	3013 NW County Road 661 A		3013 NW	V County Road 661 A	
	Arcadia, FL 34266-9023		Arcadia,	FL 34266-9023	
	05/05/2017		L17000100	0338	
	Date of filing/registration in Florida	4,		Document number	
(م)	Lynn Mills			~ >	
(a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Su	2020 MAY 1:2	
	Lynn Mills			<i>**</i>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del>-</del> ±	
	3336 NW Hwy 70				
	Augustia	34266	<del></del>	- Pi	:
	Arcadia , F	L			
(b)	Nancy Lynn Hollingsworth Mills		· · · · · · · · · · · · · · · · · · ·	05 	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Nancy Lynn Hollingsworth Mills			<del></del>	
	NEW Registered Office Address:				
	3013 NW County Road 661 A		<del></del>		
	Arçadia	34266	-9023		
ent v s/w/ arti	imited liability company is not organized under the it or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the understanding agreement of the property of a number of	liability of the line limited	company, it imited liabil I liability co ancy Lynn H	t is hereby confirmed that the change(s lity company or as otherwise provided ompany.  Iollingsworth Mills  Printed or typed name of signee	) i1
ere viș	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change	gree to a le perfor led for ir	ct in this ca mance of m Chapter 6	spacity. I further agree to comply with y duties, and I am familiar with and ac 05, F.S. Or, if this document is being f at the limited liability company has bee	ti Cili n

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