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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Division of Corporations									
SUBJECT: Cherry Hill Farms LCC Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this	s matter to the following:								
Thomas J Le Duc Name of Person									
Cherry Hill Farms LLC Firm/Company	<del>-</del>								
3/0 Lett Lane Address									
Havang F1 32333 City/State and Zip Code									
Le Duc 2 / 791. Com E-mail address: (to be used for future annu	ial report notification)								
For further information concerning this matter, p	please call:								
Thomas J. LeDe Name of Person	at (850 ) 251 402   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:									
<b>12</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy								

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comparishmits the following statement in order to change its registered office or registered agent, or both, in the State  $\epsilon$  Florida.

1.	Na	me of the limited liability company:	Hill	Farms	LLC	<u></u>	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		3/0 Maili	LeTT ng address of li		• -
		Havana 1-1 32333	 - <u>-</u>	Havar	19 Fl	32333	
3.		July 12, 2018  Date of filing/registration in Florida	4.		3000/68 cument numb		
5. (	(a)	Registered Agent and Registered Office shown on the records of il  13302 Winding OAK Cour  Registered Office Address WEST BE FLORIDA STREET A	ie Florida Dej	Enc. ot. of State:			
(	b) .	Registered Office Address  MUST BE FLORIDA STREET A  Tamps  FL  The mass J - LeDuc  Enter name of NEW Registered Agent and/or NEW Registered Office Address	336/2			19 AU8 -9 .	30 JO NORTAN 1881 P.
		310 LETT Lane NEW Registered Office Address:				PH I2: 0\$	E STATE
		Havana, FL	3233	3			
the dager was	chai it w /we	mited liability company is not organized under the law age or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registere bility comp the limited	ed office and any, it is her Hiability co	d the busines: reby confirm mpany or as	s office of the ed that the cha	registere nge(s)
		ure of a prember or authorized representative of a member			T. Le	Duc	
		·				· ·	
I he prov the o to m notij	reb visid obli vere fied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	te to act in te performance for in Chap ereby confi	this capacity e of my dution pter 605, F., rm that the i	v. I further a es, and I am ; S. Or, if this limited liabili	gree to comply familiar with a document is b ity company ho	with the and accepting filed as been

Signature of Registered Agent