

L19 000 225715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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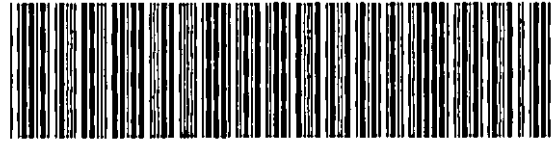
(Business Entity Name)

(Document Number)

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COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: EAGLE ISLAND RANCH 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:

LAZARO CABALLERO

Name of Person

EAGLE ISLAND RANCH LLC

Firm/Company

350 NW FEDERAL HWY SUITE 170

Address

STUART, FL 34994

City/State and Zip Code

ACCOUNTING@UNLIMITEDTURF.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAZARO CABALLERO at (863) 357-5700

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

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**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.*

Name of the limited liability company: EAGLE ISLAND RANCH LLC

(a) EAGLE ISLAND RANCH LLC

Principal office address of limited liability company:

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

850 NW FEDERAL HWY SUITE 170

STUART, FL 34994

(b) EAGLE ISLAND RANCH LLC

Mailing address of limited liability company:

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

850 NW FEDERAL HWY SUITE 170

STUART, FL 34994

SEPTEMBER 6, 2019

Date of filing/registration in Florida

4.

L19000225715

Document number

(a) UNLIMITED FARMS LLC

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

850 NW FEDERAL HWY SUITE 170

STUART, FL 34994

(b) LAZARO CABALLERO

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

NEW Registered Office Address:

850 NW FEDERAL HWY SUITE 170

STUART, FL 34994

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
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.

[Signature]
Signature of a member or authorized representative of a member

LAZARO CABALLERO

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
visions 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
merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
advised in writing of this change.*

[Signature]
Signature of Registered Agent