

L19000261708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

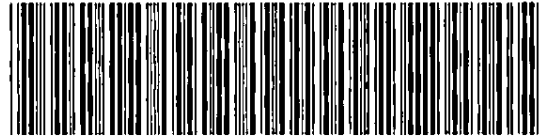
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2022 NOV 22 AM 9:40

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2022 NOV 22 PM 3:26

SECRETARY  
TALLAHASSEE, FLORIDA

A. BUTLER

NOV 28 2022

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/22/2022

**\*\*WALK IN\*\***

ENTITY NAME SOUTHERN AG LLC

DOCUMENT NUMBER L19000261708

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*E B J/B*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHERN AG 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:

Mara Mulvany

Name of Person

Robbins DiMonte, Ltd.

Firm/Company

216 West Higgins Road

Address

Park Ridge, IL 60068

City/State and Zip Code

mmulvany@robbinsdimonte.com

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

For further information concerning this matter, please call:

Cayleigh Lazarides

Name of Person

at ( 217 ) 217-501-4283

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following 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.*

1. Name of the limited liability company: SOUTHERN AG LLC

2. (a) 449 S 12th Street (b) 449 S 12th Street  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Unit 1904 Unit 1904  
Tampa, FL 33602 Tampa, FL 33602

3. 10/17/2019 4. L19000261708  
Date of filing/registration in Florida Document number

5. (a) David Doody  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

449 S 12th Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Unit 1904  
Tampa FL 33602

(b) Universal Registered Agents, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1317 California Street  
NEW Registered Office Address:  
Tallahassee FL 32304

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

James J. Riebandt James J. Riebandt  
Signature of a member or authorized representative of a member 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 provisions 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 to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Dorothy  
Signature of Registered Agent

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