

L200000212d0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

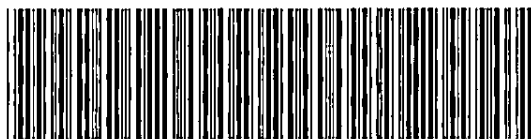
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV - 7 2024

Office Use Only



100439215591

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2024 NOV - 6 PM 12:59
FILING OFFICE
TALLAHASSEE, FLORIDA

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2024 NOV - 6 PM 3:19
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TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 11/06/24
Order #: 1670398-1
Re: Cultivate Agricultural Intelligence, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0- FL State Account Number: I20000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed items.

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: <u>CULTIVATE AGRICULTURAL INTELLIGENCE, LLC</u>	
2. (a) <u>3801 Avalon Park Blvd.</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Suite 400</u> <u>Orlando, FL 32828</u>	(h) <u>3801 Avalon Park Blvd.</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Suite 400</u> <u>Orlando, FL 32828</u>
<u>January 1, 2020</u>	<u>L20000021266</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>Corridor Legal Partners, LLP</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>5127 S. Orange Avenue</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Suite 210</u> <u>Orlando, FL 32809</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

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2024 NOV -6 PM 12:59
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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.

/s/ Cabell Massey
Signature of a member or authorized representative of a member

Cabell Massey, Authorized Person
Printed or typed name of signer

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.

Lindsey M. Lockard
Signature of Registered Agent
Lindsey M. Lockard, Asst. Vice President on behalf of Corporation Service Company

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

COA-12140