Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE CANTU APIARIES OF FLORIDA, LLC

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Corporate Filing Menu

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C. GOLDEN AUG 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)	Principal office address of limited liability company:		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability corr (Note: MAY BE POST OFFICE B	
	4584 COUNTY RD 386 N		4584 C	OUNTY RD 386 N	
	WEWAHITCHKA,, FL 32465		WEWA	AHITCHKA,, FL 32465	
	05/04/2020		L 200001	20364	
	Date of filing/registration in Florida	4.		Document number	
(u)	5/04/2020				
(b)	Registered Agent and Registered Office shown on the records of	fthe Flori	da Dept. of S	Stue:	•
	CANTU, LESLIE B			10 C	3
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				; =
	4584 COUNTY RD 386 N				•
	WEWAHITCHKA	L 32465			-
		L	· · · · · · · · · · · · · · · · · · ·		2
	C T Corporation System			<u>-</u> ب	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	igqLG22:		
				ω ·	
	NEW Registered Office Address:				
	1200 South Pine Island Road				

	Plantation	L33324			
	, ,	L			
ie l	imited liability company is not organized under the lange or changes are made, the Florida street address of	aws of the	ne State of	Florida, it is hereby confirmed that	t after
nt v	vill be identical. Or, in the case of a Florida limited i	liability	company,	it is hereby confirmed that the char	ige(s)
/w. arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	of the fi e limited	imited liab Hiability o	ility company or as otherwise prov company.	ided in
-45	Estre B. Carta		slie B Cant	• •	
gne	ture of a member or authorized representative of a member			Printed or typed name of signee	
	by accept the appointment as registered agent and a lons of all statutes relative to the proper and complet leating of my position as registered guest as provide	อ กอศกร	mance of i	ny duties, and Lam Jamiliae with a	ad arcer
visi abl nera ifie:	igations of my position as registered agent as provide ty reflect a change in the registered office address, it is writing of this change. CTCon poration System	l héreby	confirm th	и те птава навину сотрану па	s acen

FILING FEE: \$25.00

INHS18 (2/14) FLO15 - 1/13/2019 Woders Klawer Orders