

9/28/2020

Division of Corporations

L20000337144 36

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE JACOBS LAW GROUP
Account Number : I20130000069
Phone : (305)405-4444
Fax Number : (305)402-0138

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: Janelle90@yahoo.com

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LLC REGISTERED AGENT CHANGE
NAMASTE FARMS LLC

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FAX AUDIT NO. (H20000337144 3)

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: Namaste Farms LLC

2. (a) 16605 115th Avenue N (b) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

Jupiter, FL 33478

3. 8-11-2020 4. L20000233356
Date of filing/registration in Florida Document number

5. (a) The Jacobs Law Group
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

20700 West Dixie Hwy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) Janelle Waldvogel
Enter name of NEW Registered Agent and/or NEW Registered Office address:

16605 115th Avenue N
NEW Registered Office Address:

Jupiter FL 33478

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.

Janelle Waldvogel
Signature of a member or authorized representative of a member

Janelle Waldvogel
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.

Janelle Waldvogel
Signature of Registered Agent

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

INSTR (2/14)

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