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	Fax Number	: (850)617-6383	တိုင္း
From:			m _o ,
		: FISHER, TOUSEY, LEAS & BALL	25 -
	Account Number		· F.
	Phone	: (904)356-2600	, ,
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE DEEP ROOTS NURSERY, LLC

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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.

1. N	ame of the limited liability company: Deep Roots Nurs	sery, LLC	·					
2. (a)		1	(b)					
- . (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE				
	3330 Lake Shore Drive		3330 Lake	Shore Drive				
	Orlando, Florida 32803		Orlando, Florida 32803					
	October 2, 2020		L20000301	179				
3.	Date of filing/registration in Florida	4.		Document num	iber			
e (-	Fisher, Tousey, Leas & Ball, P.A.							
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of Stat	- e;	•			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE.	<u>(SS)</u>	-	የ . ን	2		
	501 Riverside Avenue, Suite 600			_	3 50	021		
	Jacksonville, F	i_3	aava	-	<u> </u>	JAN	M	
(b)	Charles E. Allison			_	ÄSSÄ	-7		
ζ-,	Enter name of NEW Registered Agent and/or NEW Registers	ed Office :	iddress:		EE, PL	AH 9:	M	
	NEW Registered Office Address:		····	_	ᆔ	0		
	3330 Lake Shore Drive			_				
	Orlando, F	L_32803		_				
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registe liability (of the li e limited	red office an company, it i mited liabilit I liability con	id the business of a hereby confirm ty company or a npany. on, as Authorized	office of the med that the s otherwise Representat	registe change provide	red e(s)	
- •	nature of a member or authorized representative of a member			Printed or typed	-			
provi the old to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for in I hereby	ct in this cap mance of my Chapter 60: confirm that	acity, I further duties, and I an 5, F.S. Or, if thi the limited liab	agree to co 1 familiar w 1s document 1 ility compai	inply w ith and is bein ny has l	ith the accept g filed seen	
Sinn	ture of Registered Agent				H21	00000	8650	