Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

ഗ്രമ്Email Address:_

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

LLC REGISTERED AGENT CHANGE

FARMFETCH LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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Help

K. Brumbley

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. N	ame of the limited liability company: FarmFetch LLC			
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: M.(Y BE POST OFFICE BOX)	
	07/15/2021	LZi	000324894	
3.	Date of filing/registration in Florida	<u>-</u>	Document number	
5. (a)	VASWANI, KISHOR			
	Registered Agent and Registered Office shown on the records of	the Florida Dep	t, of State	
	1560 CENTRAL AVE			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>		
	APT 275			
	ST PETERSBURG . FI	33705		
(ls)	Registered Agents Inc		202	
(h)	Enter name of NEW Registered Agent and or NEW Registered	I Office address		
	7901 4th St N		2023 SEP 15	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
	FI	·		
the ena agent v was/w the art	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members eicles of organization or the operating agreement of the	t the registere ability compa of the limited	of office and the business office of the registe my, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in	red
13. July	ture of a member or authorized representative of a member	Robin Jo	nes	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	_
provisi the obj to mer notific	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	performance of for in Chap hereby confu	of my duties, and Lam familiar with and acc ner 605, F.S. Or, if this document is being fil	cpt led
	David Roberts - Assistant S	ecretary		
Signatu	re of Registered Agent			