To: 18506176383

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Division of Corporations

From: Registered Agents Inc.

Fax: 8134365206

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			
CIROTY	WARTEDD.			

LLC REGISTERED AGENT CHANGE SOUTHERN BOYZ HARVESTING 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company:	Z HARVESTING	LLC
2. (a)		(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)
	12/22/21	L22000	0000957
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Senatus Jr, Benet	******	
	Registered Agent and Registered Office shown on the records of t	he Florida Dept, o	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	.	
	15050 Elderberry Lane		
	fort myers FL_	33907	
			
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	?7
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FL_	33702	
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	es of the State of the registered of ability company of the limited lia	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have I in writing of this change.	ce to act in this performance of I for in Chapte terchy confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
	David Roberts - Assistant Se		