

122 000 113 557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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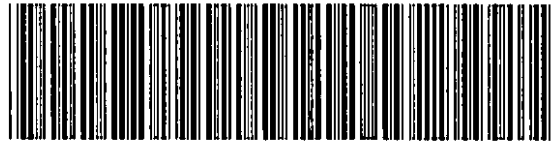
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

cf 10/11/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Off The Wall Micro Farm, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosa Medina Jordan  
Name of Person

Off The Wall Micro Farm, LLC  
Firm/Company

5080 Audubon Ave  
Address

DeLeon Springs FL 32130  
City/State and Zip Code

rosysplace25@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Medina Jordan at (386) 307-6307  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Off the Wall Micro Farm LLC

2. (a) 5080 Audubon Ave (b) same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

De Leon Springs FL 32130

3. 03/04/2022  
Date of filing/registration in Florida

4. L22000113587  
Document number

5. (a) Khadijeh Hemmati  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ZenBusiness Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

336 E. College Ave Suite 301  
TALLAHASSEE, FL 32301

(b) Rosa Medina Jordan  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5080 Audubon Ave  
NEW Registered Office Address:

De Leon Springs  
FL 32130

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TALLAHASSEE, FL

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.

[Signature]  
Signature of a member or authorized representative of a member

Rosa Medina Jordan  
Printed or typed name of signee

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.

[Signature]  
Signature of Registered Agent