

L22000125663
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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****Enter the email address for this business entity to be used for future
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**LLC REGISTERED AGENT CHANGE
PINES SOUTH FARMS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 03 2022

M. SOLOWAY

2022 JUN -2 PM 3:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pines South Farms 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:

Fred Beshears

Name of Person

Pines South Farms LLC

Firm/Company

PO Box 160

Address

Monticello, Florida 32345

City/State and Zip Code

fred@simpsonnurseries.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Beshears

850

251-8355

at ()

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

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CLERK OF SUPREME COURT
TALLAHASSEE, FL

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: Pines South Farms LLC

2. (a) 627 Old Lloyd Road (b) PO Box 160

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Monticello, Florida 32344

Monticello, Florida 32345

March 29, 2022

L22000125663

3. Date of filing/registration in Florida 4. Document number

5. (a) Russell D. Henry

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1 Independant Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 3130

Jacksonville, FL 32202

(b) Fred Beshears

Enter name of NEW Registered Agent and/or NEW Registered Office address:

627 Old Lloyd Road

NEW Registered Office Address:

Monticello, FL 32344

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 of a member or authorized representative of a member

Fred Beshears

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.

Signature of Registered Agent

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