

L22000309308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

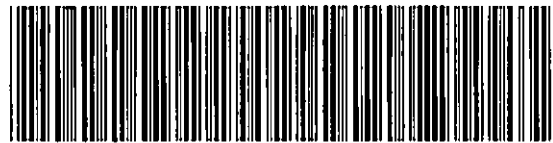
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

JUL 14 2023

Office Use Only



500411828045

FILED  
SECRETARY OF STATE  
2023 JUL 13 AM 10:19

2023 JUL 13 AM 11:19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM AGRONOMICS - MICHIGAN, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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: CUSTOM AGRONOMICS - MICHIGAN, LLC

2. (a)

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

2300 SW POMA DRIVE

PALM CITY, FL 34990

(b)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

2300 SW POMA DRIVE

PALM CITY, FL 34990

07/13/2022

3. Date of filing/registration in Florida

L22000309308

4.

Document number

5. (a)

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

FOX MCCLUSKEY BUSH ROBISON, PLLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3461 SE WILLOUGHBY BLVD

STUART

FL 34994

(b)

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee

FL 32301

FILED  
SECRETARY OF STATE  
2023 JUL 13 AM 10:19

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

Brian Scott

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.

Alexis Wiland-Jensen, ACP  
Signature of Registered Agent