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Division of Corporations

Slorida Department of State Division of Corporations Division of Corporations Electronic Filling Cover Sheet

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Division of Corporations

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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 liability 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: AgroPlace LLC		
2. (a)	13980 SW 145th PL	(b)	
(7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(')-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Florida (US)33186	_ -	
	19/11/2022 12:00:00 AM	 1.1	22000438297
١.	Date of filing/registration in Florida	4.	Document number
i. (a)			
\	Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICES INC.	the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE		53
	JACKSONVILLE , FL	32202	
	Enter name of NEW Registered Agent and/or NEW Registered Corporate Creations Network Inc. NEW Registered Office Address:	Vilice addri	
	801 US Highway 1		
	North Palm Beach , FL	33408	
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of the operating agreement of the	registered ability comp of the limite limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee
provis he ob o mei	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent us provided rely reflect a change in the registered office address, I led in writing of this change.	ee to act in performand I for in Cha iereby conf	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	——·-	nbolzer, S _l	pecial Secretary
Signat	ure of Registered Agent		
	Division of Corporations P.O. I	Box 6327•	Tallahassec, FL 32314