

All	
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<u>. </u>	(Business Entity Name)
····	(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: White Hail Crossing Farm UC Name of Limited Hability 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:							
Petra Holmann-Scanborage							
Whitefail Crossing Farm LLC Firm/Company							
9863 County Rd 671 # 212							
Bushnell, FL 335/3 City/State and Zip Code							
white Edit Crossing farma amail, com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Pctva Hofmann-Scarborarto at (813) 325-0667 Name of Person Area Code & Daytime Telephone Number							
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee							

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, FL 32314

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

I. Na	ime of the limited liability company; 🌉 🔱	niletail	(rossing	Farm (LC
2. (a)		201410 (P)	Petra Hofn Mailing address	ACINN - SCO ss of limited liabili Y BE POST OFFI	arborage
	12474 S. Dichart grave Floral City, FL 3443	<u>Pd</u> 3t	12474 S.1 Floral Ci	orcount	grove Rcl 34436
3. 5. (a)	July 13, 2022 Date of filing/registration in Florida Petra Holowing - Sec	>— _{4.} - arbovou	<u>L73000</u> Document	<u> 2983 </u> number	7
<i>5.</i> (u)	Registered Agent and Registered Office shown on the reco		Dept. of State:		
(b)	13474 S. Pleasant Gi Floral City Petra Holmann - Sc Enter name of NEW Registered Agent and/or NEW Registered	POVE 120 FL 340 TAY DOY OX istered Office addr	1 436 UG/O	2024 JAN -4 PM SECRELARY OF TALLAHASSE	FE
	NEW Registered Office Address: 9683 CR 671 # 2	212		6: 13 STATE	D
change agent v was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the member of organization or the operating agreement of the member of a	of the registered ted liability combers of the limited lia	office and the busine pany, it is hereby cored liability company obility company. How How A Printed or type	ess office of the offirmed that the or as otherwise of the office of the	registered change(s) provided in
provisi the obl to mere notified	or accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as properly reflect a change in the registered office address writing of this change. The first change is the change of this change.	a agree to act in pleie performan pleie performan wided for in Chess, I hereby con	trins capacity, 1 juri ice of my duties, and apter 605, F.S. Or, ij firm that the limited l	ier agree arem I am Jamiliar w I this document iability compan	npi wun ine ih and accept is being filed y has been

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