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TALLAHASSEE, FL

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2024 NOV -8 PM 4: 07

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: TIP'z Farm LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Michelle Rampersad	,			
III Piz Harm LLC Firm/Company	2024 NOV -8 SECRETAR TALLAHA			
820 Deer Ron Ln Address	Y OF PH			
Maples IL 34/20 City/State and Zip Code	E, FL			
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	all:			
Michelle Ranspersage at (863) 660-8095 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	S55 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. N	ame of the limited liability company:	- Farmille
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 820 Deer Run La Waples, 41 34120	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 820 Deer Run Ln Waplus, LL 34120
3. 5. (a)	Date of filing/registration in Florida A. Registered Agent and Registered Office shown on the records of the Florida Street Address Registered Office Address MUST BE FLORIDA STREET ADDR Naples Apples FL. 3	lorida Dept. of State: SECRETAR TALLAH
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office 8 20 Deer Rom Lo NEW Registered Office Address: Naplus	34120 PH 4: 07 ce address:
change agent	limited liability company is not organized under the laws of e or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability	stered office and the business office of the registered by company, it is hereby confirmed that the change(s)
Signa I here provis the obsto mer	rere authorized by an affirmative vote of the members of the itles of organization or the operating agreement of the limite of a member or authorized representative of a member obv accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for reflect a change in the registered office address, I hereby din writing of this change.	Printed or typed name of signee

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

Signature of Registered Agent