Art Kirlar		
Art Kirly (Rega	uestor's Name)	
(Addr	ess)	
(Adds	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
<u> </u>	<u> </u>	

Office Use Only



800021128888 JUL-3 MII: 30

07/03/03--01007--027 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agoing or oom, no no simile by 2 for radi.		
1. The name of the limited liability company is:	DAVINCI FARMS, LO	<u> </u>
2. The mailing address of the limited liability compar	my is: P.O. BOX 75.	84
	FT. MYEAS, FL	
JANUARY II 1905	L95000000	•
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	d office address as shown on the record	ls of the
JEAN I	B EBY	
Nat Nat	me	
	RT CT.	0 =
FORT M	1YERS, FL 33901 e and Zip	SECRE NVISION
6. The name and address of the new registered agent a		TARY
CHARLES	S EBY SAMP CABBAGE OF O. Box NOT acceptable)	AMII: 27
2666 Sw	SAMD CASBAGE OT	TATE
Florida street address (P.C	O. Box NOT acceptable)	7
FORT MURRS FI	33901	
FORT MYERS, FL City, State a	and Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as off the operating agreement of the limited liability company (Signature of a member or authorized representative of a member)	the Florida street address of the registe	ered office
	•	
G.T. MAYER (Printed or typed name of signee)	<u> </u>	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further proper and complete performance on your position as registered agent as provide merely reflect a change in the regist appany has been notified in writing of the company has been not the company	ther agree to of my duties, vided for in tered office his change,
(Signature of Registered Agent)		
Division of Cornerations, P.O. Re	ov 6327. Tallahassee, FL 32314	

ivision of Corporations, r.O. Box 032/, Tananasiee, r.L. 323

FILING FEE: \$25.00

INHS18(10/99)