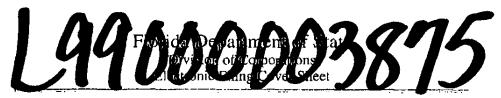
Division of Corporations

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LLC REGISTERED AGENT CHANGE HILLIARD FARMS, L.L.C.

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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 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 holh, in the State of Florida.

1. N	ame of the limited liability company: HILLIARD FARMS, LLC				_
2 (a) Principal office address of limited liability company	25500 FLAGHOLE ROAD CLEWISTON, FL 33440			
- , ((Note: MUST BE STREET ADDRESS)				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5500 FLAGHOLE ROAD CLEWISTON, FL 33440			<u>-</u>
08/30/1	999	L99000G03875			_
3. D	ate of filing/registration in Florida	4. Document number			_
5. (2	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Agent:	JOE M. HILLIARD			_
	Registered Office Address:	5500 FLAGHOLE ROAD	F. 150	201	-14
	•	CLEWISTON, FL 33440	<u>i (*)</u> 30 <u>30 </u>	=	
			TAI NAS	52	- co=
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	333	0	·
	NEW Registered Agent:	HF REGISTERED AGENTS, LLC	E FE	7	- 6***
	NEW Registered Office Address:	1715 MONROE STREET	-0.1 -0.1	<u>::</u>	- -
	MÜST BE FLORIDA STREET ADDRESS)	FORT MYERS	F 33901		-
configured and the interest the	limited liability company is not organized under the larmed that after the change or changes are made, the Flore business office of the registered agent will be identified company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the regis cal. Or, in the case of a Florid was/were authorized by an affi	stered of a limited irmative	fice d vote o)ť
	WHITESMAN, AUTHORIZED REPRESENTATIVE				
I here comp and I Chap addre	or typed name of signee ehy accept the appointment as registered agent and ag ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my pos ter 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company		irther as of my a ovided f stered o this cha	gree to luties, or in lfice inge.	,
Signa	are of Registered Agent GUY E. WHITESMAN, VICE PRES				
	Division of Corporations, P.O. Box 632				

INHS18 (05/08)

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