L99000006536

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
-					
<u></u>					

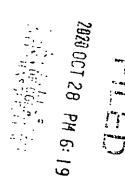




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DEC 0 7 2020 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations						
CHESTNUT HILL FARMS ELC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
JOAN BURTON JENSEN						
Name of Person						
SIGURD JENSEN CO.						
Firm/Company						
806 SOUTH DOUGLAS RD., SUITE 580						
Address	 					
CORAL GABLES, FLORIDA 33134	•					
City/State and Zip Code						
jbj@jensig.com						
E-mail address: (to be used for future annual repor	notification)					
For further information concerning this matter, please ca	nll:					
JOAN BURTON JENSEN 30 at (6 987-3199					
Name of Person	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	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. 8	lame of the limited liability company: CHESTNUT HI	LL FARI	MS LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		λ	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	806 SOUTH DOUGLAS ROAD, SUITE 580		806 SOUTI	H DOUGLAS ROAD, SUITE 580
	CORAL GABLES, FL 33134		CORAL G	ABLES, FL 33134
	OCTOBER 7, 1999		L990000065	36
3.	Date of filing/registration in Florida	4.		Document number
5. (a	SIGURD JENSEN CO.			_
<i>.</i> (u	Registered Agent and Registered Office shown on the records o	The Flori	da Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 800 SOUTH DOUGLAS ROAD, SUITE 300, PUERTA DEL SOL			11 28 T
	CORAL GABLES , F	 L_33134		PH 6
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Omice 2	<u>iaaress</u> :	
	NEW Registered Office Address:			
	806 SOUTH DOUGLAS ROAD, SUITE 580			
	CORAL GABLES, F	L_33134		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the members are the companization or the operating agreement of the members to be a supplied to the companization of the companiz	e registe iability of the li- e limited	red office and company, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	agure of member or authorized representative of a member			Printed or typed name of signee
provis the ob to met	Jeby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete of the proper and complete of the proper as provided in the registered agent as provided by the properties of the registered office address. It is writing of this change.	e perforn ed for in	nance of my d Chapter 605,	uties, and I am familiar with and accept F.S. Or, if this document is being filed
Signat	ure of Registered Agent			