

M00000002288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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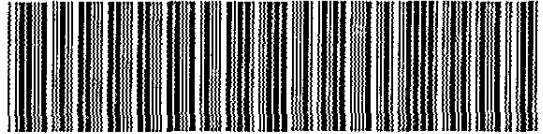
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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VIA AIRBORNE

Florida Department of State

Division of Corporations

ATTN: Amendments Section

409 East Gaines Street

Tallahassee, FL 32399

RE: Advanced Nutrient Science, LLC
M00000002288

Dear Sir or Madam:

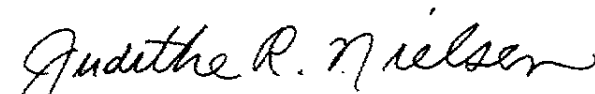
Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for filing with the Florida Department of State.

Also enclosed is a check from this law firm for the filing fee in the amount of \$25.00.

Please file the Statement of Change at your earliest convenience.

If you have any questions, please call me.

Very truly yours,



Judith R. Nielsen, CLAS

Paralegal

Enclosures

cc: John J. Agliano, Esquire (with enclosure)

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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 both, in the State of Florida.

1. The name of the limited liability company is: ADVANCED NUTRIENT SCIENCE, LLC
2. The mailing address of the limited liability company is: 10540 72nd Street, Largo, FL 33777

3. Date of filing/registration in Florida 11/06/2000
4. Document number MO0000002288

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CorpDirect Agents

Name
103 N. Meridian Street, Lower Level
Address
Tallahassee, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

John J. Agliano, Esquire
Name
201 N. Franklin Street, Suite 2600
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

DAVID J. McCABE, Member-Manager

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

John J. Agliano

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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