

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**Enter the email address for this business entity to be used for Enter annual report mailings. Enter only one analy address.

annual report mailings. Enter only one email address please. Email Address:

LLC REGISTERED AGENT CHANGE THE FARM DOWN UNDER LLC

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Corporate Filing Menu

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8/16/2012

CT CORPORATION

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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 instanced agent, or both, in the State of Florida.

1. Name of the limited liability company: The Farm Down U	ader LLC			_
2. (a) Principal office address of limited liability company	6 Valley Ridge Farm			
(Note: MUST BE STREET ADDRESS)	Hunting Valley, OH 4	4022	D A	_
(10te: 1000x DD BYALDY ADUALSS)		==	<u>6</u>	- - Tl
(b) Mailing address of limited liability company:	(emsa)	ASSE	5	- <u>E</u>
(Note: MAY BE POST OFFICE BOX)		<u>.E.</u> S	玉	_ 0
10/20/06	M06000005844	SEAT ALL	- 22	-
3. Date of filing/registration in Florida	4. Document number	- >/		~
5.(a) Registered Agent and Registered Office shown on the Registered Agent:Registered Office Address:	the records of the Florida Dep Corporation Service Company 1201 Hays Street Tallahasses, FL 32301-2525	t. of State		-
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent: NEW Registered Office Address:	W Registered Office address: CT Corporation System 1200 South Pine Island Road			
(MUST BE FLORIDA STREET ADDRESS)	Plantation	FL 3332		-
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or subscrized representative of a member I an C. Lavery Managing Mem Printed or typed name of signes I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the prought of am familiar with and accept the obligations of my post Chapter 648, F.S. Or, if this document is being filled to mer address, I hereby confirm that the limited tiability company CT Corporation System.	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an a wise provided in the articles of	istered off da limited ffirmative of organiza	l vote ation	
Signature of Registered Agent				
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314			

FILING FEE: \$25.00

INH818 (05/08)

By: