MU70000 6869

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DIVISION OF CORPORATION OF CORPORATI

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MAY 2 9 2009

EXAMINER

09 MAY 28 AM IO: 15
SECRETARY OF STATE
TALLAHASSEE FLORING



ACCOUNT NO. : 12000000195

REFERENCE : 999615

5 7288091

AUTHORIZATION :

COST LIMIT

ORDER DATE: May 19, 2009

ORDER TIME : 11:15 AM

ORDER NO. : 999615-172

CUSTOMER NO: 7288091

CHANGE OF AGENT

NAME: PREMIERE AGRICULTURAL

PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

• 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. Name of the limited liability company: PREMIERE A	GRICULTURAL PROPERTIES, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	الم	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SSEED	
11/21/2007	M07000006869	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:	
NEW Registered Agent:	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
, o	Tallahassee ,FL 32301	
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business	
Maureen Cullen, Authorized Person	_	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prount of a statutes and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to report to Service Company By: (Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice President	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.	
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00