M13000003423

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dunings Fully No. 2)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
<u> </u>						
Special Instructions to Filing Officer:						

Office Use Only



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2024 FEB 20 AM 10: 30

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 312765 7482226						
AUTHORIZATION : Charles Me ser						
COST LIMIT : \$ 35.00 25.00						
ORDER DATE: February 9, 2024						
ORDER TIME : 10:44 AM						
ORDER NO. : 312765-020						
CUSTOMER NO: 7482226						
CHANGE OF AGENT						
NAME: MID-FLORIDA FARMING, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt						
EXAMINER'S INITIALS:						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: MID-FLORIDA	4 FARMING	G, LLC			
2. (a	101 East Kennedy Boulevard, Suite 2500	(b)	(b) 3033 Campus Drive, Suite W400 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	Tampa, FL 33602	_	Plymouth, MN 55441			
	05/30/2013	V	M13000003423			
3.	Date of filing/registration in Florida	4.	Document nu	ımber		
5. (a	C T Corporation System					
J. (u)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	Dept. of State:	-7. 28			
	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRESS)</u>		E I		
	Plantation , F	L_33324		FEB 20 LAHASSER		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ress:	AMIO: 30 PELFLORIDA			
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, FI	L_32301				
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 livere authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the Si registered ability com of the limite	office and the business pany, it is hereby confined to liability company or	office of the registered rmed that the change(s)		
	Xel & GONEL		mi, Authorized Person			
Sign	ature of a number or authorized representative of a member	•	Printed or typed	I name of signee		
provis the ob to mei	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I i	ree to act in performand d for in Cha hereby conj	this capacity. I further ce of my duties, and I ar apter 605, F.S. Or, if th firm that the limited lial	r agree to comply with the in familiar with and accept his document is being filed bility company has been		
notifie	nd in writing of this change.	Corporat	ion Service Compai	ny		
Signati	are of Registered Agent	Ami M. C	Casper, Asst. Vice P	resident		