

M/3000005951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000186413 3)))



H140001864133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 8/7

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
PINNACLE AGRICULTURE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$25.00

RECEIVED

14 AUG 12 AM 6:47

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

7th

Electronic Filing Menu

Corporate Filing Menu

Help

14 AUG 07 PM 4:56

FILED

LLC
PA Change

08/13/14

850-617-6381 8/8/2014 10:51:05 AM PAGE 17001 FAX Server



August 8, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PINNACLE AGRICULTURE ENTERPRISES, LLC
456 TENNESSEE STREET, SUITE 102
MEMPHIS, TN 38103

SUBJECT: PINNACLE AGRICULTURE ENTERPRISES, LLC
REF: M13000005951

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete the new llc form pursuant to 605.0114 or 605.0116, F.S., STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H14D00186413
Letter Number: 314A00017043

RECEIVED
14 AUG 12 AM 6:47
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

RE-SUBMIT

Place stamp of
date of submission 8/7

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: Pinnacle Agriculture Enterprises, LLC
2. (a) 456 Tennessee Street, Suite 102
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
Memphis, TN 38103
- (b) 456 Tennessee Street, Suite 102
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Memphis, TN 38103
3. 9/19/2013 Date of filing/registration in Florida
4. M13000005951 Document number
5. (a) Capitol Corporate Services, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
155 Office Plaza Drive, Suite A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
FL
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Nichol McCroy
Signature of a member or authorized representative of a member

Nichol McCroy

Printed or typed name of signee

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 605, 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.

By: [Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

IN1518 (2/14)

FILED
14 AUG 07 PM 4:56