

M/4000006832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 MAR 20 AM 11:09
NO. 100-1000000000
TO ALKHOULUJ
SUFFICIENCY OF FILING

FILED
15 MAR 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2015

T. HAMPTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 556501 7346068

AUTHORIZATION :

COST LIMIT : \$60.00

ORDER DATE : March 19, 2015

ORDER TIME : 4:45 PM

ORDER NO. : 556501-005

CUSTOMER NO: 7346068

FOREIGN FILINGS

NAME: WAUCHULA ROAD DUETTE LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wauchula Road Duette LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malinda Plumer

Name of Person

Gladstone Land Corporation

Firm/Company

1521 Westbranch Drive, Suite 200

Address

McLean, Virginia 22012

City/State and Zip Code

malinda.plumer@gladstonecompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert P. McDaniel, Jr. at (901) 543-5946

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Wauchula Road Duette, LLC
2. The Florida document number of this limited liability company is: M14000006832
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 9/22/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

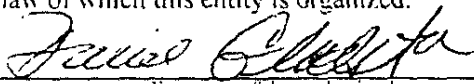
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
correcting name of party with authority to manage

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|--|---|---|
| <u>GP</u> | <u>Gladstone California Farmland GP, LLC</u> | <u>1521 Westbranch Drive, Suite 100</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> Add |
| | | <u>McLean, Virginia 22102</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> Remove |
| <u>Sole Member</u> | <u>Gladstone Land Limited Partnership</u> | <u>1521 Westbranch Drive, Suite 200</u> | <input checked="" type="checkbox"/> <input type="checkbox"/> Add |
| | | <u>McLean, Virginia 22102</u> | <input type="checkbox"/> <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

DAVID GLADSTONE
Typed or printed name of signee

Filing Fee: \$25.00

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