

MIAMI 006754
Florida Department of State
Division of Corporations
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To: Division of Corporations
*Fax Number : (850) 617-6383

From: *Jazmine Roman*
Account Name : BERGER-SINGERMAN-LLP-MIAMI
Account Number : I20090000006
Phone : (305) 755-9500
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**LLC REGISTERED AGENT CHANGE
TAMIAMI CITRUS LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRUCE

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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 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: TAMiami CITRUS LLC

2. (a) Principal office address of limited liability company: 6900 Daniels Parkway, Suite 29-377 Fort Myers, FL 33912 (b) Mailing address of limited liability company: 6900 Daniels Parkway, Suite 29-377 Fort Myers, FL 33912

3. Date of filing/registration in Florida: August 26, 2015 4. Document number: M15000006754

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI Services, Inc. Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Business Filings Incorporated 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.

Signature of a member or authorized representative of a member: John D. O'Connor Printed or typed name of signer

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.

Signature of Registered Agent: [Signature] Business Filings Incorporated Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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