MIL 0000 08786

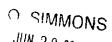
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



98/18/19--01013--012 **25.00





COVER LETTER

	Division of Corporations								
SHRIF	River Farm Properties, LLC)							
Name of Limited Liability Company									
Dear Sir	or Madam:								
The enclo	osed Registered Agent/Registered Of	ffice Change a	and fe	e(s) are submitted for filing.					
Please re	turn all correspondence concerning the	his matter to (the fol	llowing:					
John F.	Muscarella								
	Name of Person			-					
River F	arm Properties, LLC								
	Firm/Company		•	•					
871 Ve	netia Bay Blvd., Suite 300A								
	Address			•					
Venice,	, FL 34285								
	City/State and Zip Code			•					
johnm@	Priverfarmproperties.com								
E-n	nail address: (to be used for future an	inual report n	otifica	ition)					
For furth	er information concerning this matte	r, please call:							
John F.	Muscarella	617		671-5711					
	Name of Person	··· (-	Area Code & Daytime Telephone Number					
F [C 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314					
Enclosed is a check for the following amount:									
í	2 \$25 Filing Fee		\$55	Filing Fee & Certified Copy					
INHS18 (2/14)								

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.	Na	me of the limited liability company:	arm Properties, LLC						
	(a)	871 Venetia Bay Blvd., Suite 300A		11686 A		Aucilla Drive			
- .	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Venice, FL 34285	_	٠	Venice,	FL 34293			
		October 19, 2016		٨	/ 160000	008386			
3.	(a)	Date of filing/registration in Florida John F. Muscarella	4.			Document number			
٦.	(a)	Registered Agent and Registered Office shown on the records o River Farm Properties, LLC	f the Florie	ia I	Dept. of Sta	— te: ♣÷.			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 901 Venetia Bay Blvd., Ste. 250				SEC SEC			
		Venice	3428! L	5					
	(b)	(No Change)				FILED MIS MIS 08 RETARY OF STATE LAMASSEE, FLORIDA			
	(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddı	ess:	FLORESTA			
		River Farm Properties, LLC				NE NE NE			
		NEW Registered Office Address:							
		871 Venetia Bay Blvd., Ste. 300A	<u> </u>			<u></u>			
		Venice, F	3428! L	5		_			
the ag wa	e cha ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the reg liability of of the line e limited	isti on mit lia	ered offic npany, it i led liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.			
_;	Signat	ure of a member of authorized representative of a member				Printed or typed name of signoc			
pro the to	ovisi v obli mere	ov accept the appointment as registered agent and agons of all statutes relative to the proper and completing it is statuted by the proper and completing at it is a provided by reflect a change in the registered office address, I in writing of this change.	e nerfori	nai	nce of miv	duties and Lam familiar with and accent			
Si	gnatu	e of Registered Agent							
1		Division of Corporations P.O.	Box 632	.7•	Tallaha	ssee, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)