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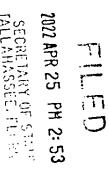
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
J. HORNE					
JUN 2 1 2022					

Office Use Only



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COVER LETTER

Division of Corporations					
SUBJECT: Vibrant Orchards, LLC					
Name	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Stanley Sater Name of Person					
Name of Person					
Vibrant Orchards, LLC					
Firm/Company					
2870 Peachtree RD NW #512					
Address					
Atlanta, Georgia 30305					
City/State and Zip Code					
corpnotices@founderslegal.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
Stanley Sater					
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	☐ \$55 Filing Fee & Certified Copy				

Registration Section

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED BABILITY 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. Ni	ame of the limited liability company:Vibrant Orchar	ds, L	LC	
2. (a)	30 N. Gould St., Ste R	(b) 30 N. Gould St., Ste R		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(6)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sheridan, WY 82801	-	Sheric	dan, WY 82801
	11/12/2019	_	M1900	00011603
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agents Inc.			
3. (a)	Registered Agent and Registered Office shown on the records of the 7901 4th St N	ie Flori	da Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS)	
	STE 300			- ALLO
	St. Petersburg , FL ³	33702	2	FIL. 1 2022 APR 25 TALLANASS TALLANASS
(b)	Registered Agents Inc.			79 P
. ,	Enter name of NEW Registered Agent and/or NEW Registered (Office 2	iddress:	7: 53
	7901 4th St N			— — — — — — — — — — — — — — — — — — —
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg, FL	33702	2	
the cha agent v was/was/wasthe art	imited liability company is not organized under the law ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	the reg bility the li imited	gistered of company, mited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. ater
_	iture of a member of authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perfor for ir ereby	mance of t Chapter (confirm th	capacity. I further agree to comply with the my duties, and I am Jamiliar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
jee H	Bill Havre - Assistant	Secr	etary	

Signature of Registered Agent