N20000001119882

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)
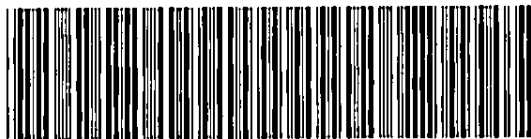
☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

JUL . . . 1

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

ACCOUNT NO.   :   I20000000195

REFERENCE   :   928436   4355850

AUTHORIZATION   :

COST LIMIT   : $ 25.00
- -

ORDER DATE : July 26, 2021

ORDER TIME :   2:54 PM

ORDER NO.   : 928436-030

CUSTOMER NO: 4355850

- -

CHANGE OF AGENT

NAME: ANUVIA PLANT NUTRIENTS IP
           HOLDINGS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

                        EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

ANUVIA PLANT NUTRIENTS IP HOLDINGS LLC
SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christa Pugh
_____
Name of Person

Corporation Service Company
_____
Firm/Company

801 Adlai Stevenson Drive
_____
Address

Springfield, Illinois 62703
_____
City/State and Zip Code

GeneralCounsel@anuvianutrients.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy L. Evard   574   296-2526
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $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. Name of the limited liability company: **ANUVIA PLANT NUTRIENTS IP HOLDINGS LLC**

2. (a) _____
    Principal office address of limited liability company:
    (Note: MUST BE STREET ADDRESS)

    113 South Boyd St. Winter Garden FL 34787

    Winter Garden FL 34787

    (b) _____
    Mailing address of limited liability company:
    (Note: MAY BE POST OFFICE BOX)

    113 South Boyd St.

    Winter Garden FL 34787

3. 12/29/2020
    Date of filing/registration in Florida

4. M20000011982
    Document number

5. (a) _____
    Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

    Janet Y Bivins, Esq.

    Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

    113 South Boyd St.

    Winter Garden _____, FL 34787

    (b) _____
    Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

    Corporation Service Company

    NEW Registered Office Address:

    1201 Hays Street

    Tallahassee _____, FL 32301

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.

Janet Y. Bivins

Signature of a member or authorized representative of a member   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.

Signature of Registered Agent

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

INHS18 (2/14)