Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000244862 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE DORAL FARMS, LLC

Certificate of Status	O
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

JUL 13 2023

* Page:3 of 3 2023-07-12 14:20:04 CST 12122023573 From: David Thoma

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BÔTH 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	ame of the limited liability company: Doral Farms, LLC		
2. (a)	201 S BISCAYNE BLVD	(b) 9525 W BRYN MAWR AVE	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE. 1950	STE 700)
	MIAMI, FL 33131	ROSEMO	ONT. IL 60018
	12/10/2021	M2100001	16779
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
J. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of St	ate:
	115 North Calhoun Street		
	Registered Office Address GMUST BE FLORIDA STREET A Suite 4	(DDRESS)	2023
	Tallahassec , FL	32301	— (
4.5	C T Corporation System		2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AM ID: 16
	NEW Registered Office Address:		
	1200 South Pine Island Road		_
	Plantation	33324	_
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi bility company, it f the limited liabil	tee and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc notified By:	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. C.T. Corporation System	ee to act in this ca performance of m d för in Chapter 6 ereby confirm tha	spacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed u the limited liability company has been

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

To: