M9900001831

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400265733094

NO! INTERDED TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE

SECRETARY OF STATE TALLAHASSEE, FLORIDI

DEC 1 0 2014 T. CARTER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 413672 5042660

AUTHORIZATION :

COST LIMIT

ORDER DATE: December 9, 2014

ORDER TIME : 2:56 PM

ORDER NO. : 413672-005

CUSTOMER NO: 5042660

CHANGE OF AGENT

NAME: DORADO LEASING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	DORADO LEASING, LLC					
		ne of Limited I	Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	e following:			
John M	Маzzei					
	Name of Person					
Dorad	o Leasing, LLC					
	Firm/Company		······································			
911-B	Blanco Circle					
	Address	**************************************				
Salina	s, CA 93901					
	City/State and Zip Code					
tmorga	an@taylorfarms.com; jmazzei@taylorfan	ms.com				
F	E-mail address: (to be used for future and	ual report not	fication)			
For fu	rther information concerning this matter,	, please call:				
Tabati	na Morgan	831 at (676-9051			
	Name of Person		Area Code & Daytime Telephone N	Jumber		
	STREET/COURIER ADDRESS:		TAILING ADDRESS:			
	Registration Section		Registration Section			
Division of Corporations			Division of Corporations P.O. Box 6327			
	Clifton Building 2661 Executive Center Circle					
	Tallahassee, Florida 32301	1	allahassee, Florida 32314			
	Enclosed is a check for the following	closed is a check for the following amount:				
	☑ \$25 Filing Fee	□ :	\$55 Filing Fee & Certified Copy			
INHS1	8 (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: DORADO LEAS	SING, LLC	:			····
2	(a)	Dorado Leasing, LLC	(b)	Dorado	o Leasing, LLC		
	(4)	Principal office address of limited liability company:	_ (0)		Mailing address of limited li	ability comp	any:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST C		
		911-B Blanco Circle	_	911-B BI	lanco Circle		
		Salinas, CA 93901	Portino	Salinas,	CA 93901		· · · · · · · · ·
		11/19/1999		M990000	001831		
3.		Date of filing/registration in Florida	4.		Document number		
_	(-)	CORRAMERICA INC					
5.	(a)	CORPAMERICA, INC. Registered Agent and Registered Office shown on the records of t	he Florida	Dont of Stat	···		
		•	ne riorida i	Dept. of State	c.		
		1201 HAYS STREET			_		
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
							₹s
				 	_	7	
		TALLAHASSEE	32301		_	DEC	<u> </u>
						1	SAC
((b)	Corporation Service Company	··· <u> </u>		_	9	82E
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		A	- 무 유
						10: 42	SS
		1201 Hays Street			-	£	₽ PA
		NEW Registered Office Address:				10	A
					•		
		Tallahassee, FL	32301	·····	•••		
the age was	cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cor f the limit limited li	ered office npany, it is ted liabilit	e and the business offic s hereby confirmed that y company or as otherw	e of the re	gistered re(s)
Si	gnai	Be of a member or authorized representative of a member	30111	111012701	Printed or typed name of si	ignee	-
pro the to n	v t s t e	by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h	pertorma	nce of mv	acity. I further agree to duties, and I am familia	o comply v ar with an	i accent
non	nere fied	ly reflect a change in the registered office address, I he in writing of this change.	ereby coi	nfirm that	the limited liability con Courtney Willian		Бееп