

PO2000080902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

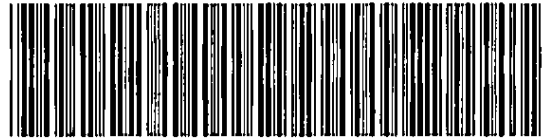
(Business Entity Name)

(Document Number)

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2021 MAY 28 AM 2:47
SECRETARY OF STATE
HALLANDER, IDAHO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REDFIELD FARMS, INC.
Name of Corporation

DOCUMENT NUMBER: P02000080902

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN D. BURGER
Name of Contact Person
c/o Berg Faireloth
Firm/Company
44135 Woodridge Parkway, Ste 200
Address
Leesburg, VA 20176
City/State and Zip Code

JBURGER@B-F-C.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN D. BURGER at (703) 883-1661
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**


Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REDFIELD FARMS, INC.
2. The principal office address: 5375 NW 115 AVE, OCALA, FL 34482
3. The mailing address (if different): c/o Berg Faircloth 44135 Woodridge Parkway Suite 200 Leesburg, VA 20176
4. Date of incorporation/qualification: 07/25/2002 Document number: P02000080902
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
EMIL SPADONE, III
155 OFFICE PLAZA DR., 1ST FLOOR
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
EMIL SPADONE, III
5375 NW 115 AVE
OCALA, FL 34482

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

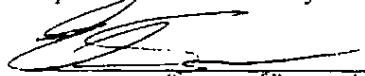


Signature of an officer or director

EMIL SPADONE, III

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

5/24/21

Date

If signing on behalf of an entity:

Emil Spadone

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2021 MAY 28 AM 2:17
SECRETARY OF STATE
TALLAHASSEE, FL