

PO2000080902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

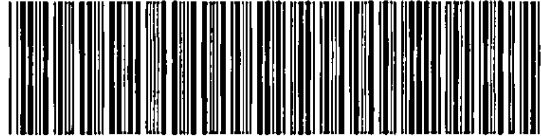
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
HALLMARK CENTER

**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 Faircloth  
Firm/Company  
44135 Woodridge Parkway, Ste 200  
Address  
Leesburg, VA 20176  
City/State and Zip Code

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

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):

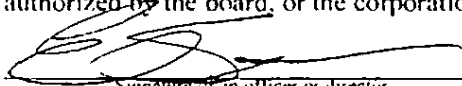
EMIL SPADONE, III  
5375 NW 115 AVE  
OCALA, FL 34482

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL

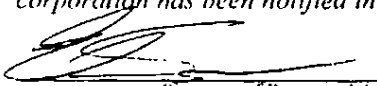
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)