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.

(((H23000272987 3)))



H230002729873ABC7

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

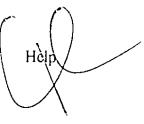
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REGISTERED AGENT CHANGE VILLA ROSA FARM INC

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COVER LETTER

TO: Amendment Section Division of Corporations VILLA ROSA FARM INC SUBJECT: VILL
Name of Corporation P21000021860 DOCUMENT NUMBER: 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: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Whalen

Name of Conta & Person

Name of Conta & 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

CR2E045 (04/13)

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

	e provisions of sections 607,0 hange is submitted for a corp				
	ler to change its registered of	_		•	,
1. The name of	f the corporation: VILLA R	OSA FARM I	NC		
	al office address: 900 RT S	900, STE 60	1		
	BRIDGE, NJ 07095				<u></u>
_	address (if different):	72021		P21	000021860
	rporation/qualification: 3/9/			-	
5. The name ar Florida Depa	nd street address of the current artment of State: (If resigned,	it registered agent enter resigned)	and register	ed office on file	with the
	BlumbergExcelsion	r Corporate S	Services	, Inc.	
	155 Office Plaza Drive	е	1st Floor		
	Tallahasse		FL	32301	
6. The name an (if changed):	Registered Agent			d /or registered	office
	2894 Remington	Green Ln.	Ste. A		
	Tallahassee	P.O. Box NOT	acceptable 3230	8	
The street addr	ess of its registered office a	nd the street addre	ess of the bu	isiness office o	f its registered agent,
	as authorized by resolution he board, or the corporation				
/s/ JIM B	ENKOIL ure of an officer of director	JiM	BENKO		Authorized Person
_	the appointment as register to comply with the provision of I am familiar with and acting filed merely to reflect a some of the control of th				
Sig	nature of Registered Agent		·	Date	
If signing on be	chalf of an entity:				
 -	er, Assistant Secretary				
Ť	yped or Printed Name				
	***	FILING FEE: \$3	5.00 * * *		

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