

M21000000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

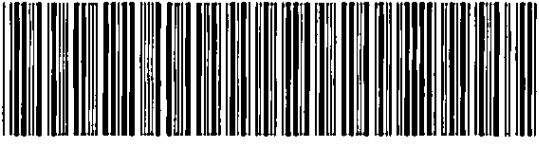
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 5/26/2021

**NAME:** AGAMERICA EW1, LLC

**TYPE OF FILING:** AMENDMENT

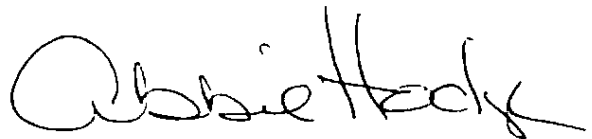
**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGAMERICA EW1, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia Hubbard

Name of Person

AgAmerica Lending LLC

Firm/Company

4030 S Pipkin Rd

Address

Lakeland, FL 33811

City/State and Zip Code

julia@agamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Hubbard

Name of Person

at ( 863 )

Area Code & Daytime Telephone Number

944-0412

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AGAMERICA EW1, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

**(Principal office address  
MUST BE A STREET ADDRESS)** \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address  
MAY BE A POST OFFICE BOX)** \_\_\_\_\_

2. The Florida document number of this limited liability company is: M2100000722

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/20/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Paracorp Incorporated

New Registered Office Address: 155 Office Plaza Drive, 1st Floor

*Enter Florida Street Address*

Tallahassee, Florida 32301  
*City Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

SEE ATTACHED

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

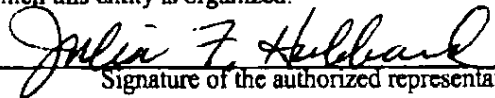
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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| <u>Title/ Capacity</u>        | <u>Name</u>        | <u>Address</u>     | <u>Type of Action</u>                      |
|-------------------------------|--------------------|--------------------|--|
| AP                            | COURTNEY A. EELMAN | 4030 S PIPKIN RD   | <input type="checkbox"/> Add               |
|                               |                    | LAKELAND, FL 33811 | <input checked="" type="checkbox"/> Remove |
| AP                            | DANIEL A. KASHDIN  | 4030 S PIPKIN RD   | <input type="checkbox"/> Add               |
|                               |                    | LAKELAND, FL 33811 | <input checked="" type="checkbox"/> Remove |
| CHIEF ACCOUNTING OFFICER/CCO  | JOHN K. CULBRETH   | 4030 S PIPKIN RD   | <input checked="" type="checkbox"/> Add    |
|                               |                    | LAKELAND, FL 33811 | <input type="checkbox"/> Remove            |
| CHIEF ENTERPRISE RISK OFFICER | COURTNEY A. EELMAN | 4030 S PIPKIN RD   | <input checked="" type="checkbox"/> Add    |
|                               |                    | LAKELAND, FL 33811 | <input type="checkbox"/> Remove            |
| CFO/COO                       | DANIEL A. KASHDIN  | 4030 S PIPKIN RD   | <input checked="" type="checkbox"/> Add    |
|                               |                    | LAKELAND, FL 33811 | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 Signature of the authorized representative

Julia Hubbard

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

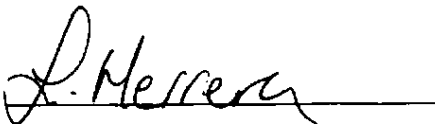
**DATE:** 5/25/2021

**ENTITY NAME:** AgAmerica EW1, LLC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated