above, or on an attachment with all other like empowered. SIGNATURE: ARMANDO TABERNILLA VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 790874 Entity Name: NEW HOPE SUGAR CO-OP

Current Principal Place of Business:

ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

Current Mailing Address:

ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

FEI Number: 59-1029269

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

	Title	PRESIDENT	Title	DIRECTOR, SENIOR VICE PRESIDENT
	Name	FERNANDEZ, LUIS J.	Name	BLOMQVIST, ERIK J.
	Address	ONE NORTH CLEMATIS ST STE 200	Address	ONE NORTH CLEMATIS ST STE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
	Title	VP, REAL ESTATE COUNSEL & ASSISTANT SECRETARY	Title	VICE PRESIDENT & CHIEF PROCUREMENT OFFICER
	Name	ROSS, DANIEL D.	Name	RYAN, ALLAN A. IV
	Address	ONE NORTH CLEMATIS ST STE 200	Address	ONE NORTH CLEMATIS ST STE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
	Title	DIRECTOR, VP, GENERAL COUNSEL & SECRETARY	Title	VP, SR. LITIGATION COUNSEL & ASSISTANT SECRETARY
	Name	TABERNILLA, ARMANDO A.	Name	TARR, WILLIAM F
	Address	ONE NORTH CLEMATIS ST STE 200	Address	ONE NORTH CLEMATIS ST STE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
	Title	VICE PRESIDENT OF TAXATION	Title	VP, FINANCE & TREASURER
	Name	ZUKOWSKI, PHILIP M.	Name	LONDONO, ALEJANDRO
	Address	ONE NORTH CLEMATIS ST STE 200	Address	ONE NORTH CLEMATIS ST STE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

Date

Certificate of Status Desired: No

04/19/2018