	Electronic Signature of Registered Agent	Date
SIGNATURE:	REV. JEAN ROBERT NOCENT	05/03/2017
The above named e	ntity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Florida.
NOCENT, JEAN R 17438 81 LANE N LOXAHATCHEE,		
Name and Ad	dress of Current Registered Agent:	
FEI Number: 2	27-2102964	Certificate of Status Desired: No
PO BOX 22308 WEST PALM B	88 BEACH, FL 33422 US	
Current Mailir	ng Address:	
WEST PALM BEA	ACH, FL 33417	
1527 N. HAVERHI SUITE 1	ILL RD	

Officer/Director Detail :

Title	Р	Title	VP	
Name	NOCENT, JEAN R. REV.	Name	BENJAMIN, GASPARD	
Address	17438 81 LANE N	Address	108 SW HAWTHORNE CIR	
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	PORT ST LUCIE FL 34953	
T '0.			-	
Title	S	Title	I	
l itle Name	S MICHEL, ELIZEE PAST.	Title Name	I LAURORE, JEAN	
	-		I LAURORE, JEAN 5901 TRIPHAMMER RD	
Name	MICHEL, ELIZEE PAST.	Name		

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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZEE MICHEL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0800006802

Entity Name: MISSION EVANGELIQUE HAITIENNE POUR LE DEVELOPMENT AGRICOLE ET SOCIAL, INC.

Current Principal Place of Business:

FILED May 03, 2017 Secretary of State CC0507704393