	Electronic Signature of Registered Agent	Date
SIGNATURE:	REV. JEAN ROBERT NOCENT	05/05/2021
The above named e	ntity submits this statement for the purpose of changing its registered office of	or registered agent, or both, in the State of Florida.
NOCENT, JEAN F 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 2230 WEST PALM I	88 3EACH, FL 33422 US	
Current Mailin	ng Address:	
WEST PALM BEA	CH, FL 33417	
1527 N. HAVERH SUITE 1	ILL RD	

Officer/Director Detail :

Title	Ρ	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		
Title	S	Title	т		
Title Name	S MICHEL, ELIZEE PAST.	Title Name	T LAURORE, JEAN		
	-		T 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

05/05/2021

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

Current Principal Place of Business:

DOCUMENT# N0800006802

FILED May 05, 2021 Secretary of State 9608584650CC