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.

TREASURER

#### DOCUMENT# N1000002995

# Entity Name: DESOTO COUNTY SCHOOL NUTRITION ASSOCIATION, INC.

# **Current Principal Place of Business:**

530 LA SOLONA AVE. ATTN FOOD SERVICE ARCADIA, FL 34266

# **Current Mailing Address:**

530 LA SOLONA AVE. ATTN FOOD SERVICE ARCADIA, FL 34266

### FEI Number: 32-0308234

# Name and Address of Current Registered Agent:

ANDREWS, PATRICIA J 530 LA SOLONA AVE ATTN FOOD SERVICE ARCADIA, FL 34266 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:	PATRICIA J ANDREWS
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Electronic Signature of Registered Agent

### **Officer/Director Detail :**

	Title	Ρ	Title	S	
	Name	HAMPTON, SHAWNEE	Name	JONES, TOMEKA	
	Address	530 LA SOLONA AVE. ATTN FOOD SERVICE	Address	530 LA SOLONA AVE. ATTN FOOD SERVICE	
	City-State-Zip:	ARCADIA FL 34266	City-State-Zip:	ARCADIA FL 34266	
	Title	т	Title	VP	
	Title Name	T ANDREWS, PATRICIA	Title Name	VP SUGGS, SHARLEE	
		T ANDREWS, PATRICIA 530 LA SOLONA AVE. ATTN FOOD SERVICE			
	Name	530 LA SOLONA AVE.	Name	SUGGS, SHARLEE 530 LA SOLONA AVE.	

SIGNATURE: PATRICIA ANDREWS

1

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 08, 2021 Secretary of State 4335408608CC

03/08/2021

Date

Certificate of Status Desired: No

03/08/2021 Date