| Current Prin 6360 JOHNSTO ZOLFO SPRIN | | | | 570575 |
|---|--|-----------------------------------|--|----------------------|
| Current Mai | iling Address: | | | |
| 6360 JOHN ZOLFO SPF | STON RD RINGS, FL 33890 | | | |
| FEI Number: 38-3879916 | | Certificate of Status Desired: No | | |
| Name and A | Address of Current Registered Agent: | | | |
| CINDY, WEINS 6360 JOHNSTO ZOLFO SPRIN | | | | |
| | | | | |
| The above name | d entity submits this statement for the purpose of changing its reg | istered office or regis | stered agent, or both, in the State of Flo | orida. |
| | d entity submits this statement for the purpose of changing its reg E: CINDY WEINSTEIN | istered office or regis | stered agent, or both, in the State of Flo | orida. 01/29/2016 |
| | | istered office or regis | stered agent, or both, in the State of Flo | |
| SIGNATUR | E: CINDY WEINSTEIN | istered office or regis | stered agent, or both, in the State of Flo | 01/29/2016 |
| SIGNATUR | E: CINDY WEINSTEIN Electronic Signature of Registered Agent | istered office or regis | tered agent, or both, in the State of Flo | 01/29/2016 |
| SIGNATURI Officer/Dire | E: CINDY WEINSTEIN Electronic Signature of Registered Agent ctor Detail : | | | 01/29/2016 |
| SIGNATUR | E: CINDY WEINSTEIN Electronic Signature of Registered Agent ctor Detail : P | Title | TR. | 01/29/2016 |
| SIGNATURE Officer/Dire Title Name | E: CINDY WEINSTEIN Electronic Signature of Registered Agent Ctor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. | Title Name | TR. WEINSTEIN, DAVID 6360 JOHNSTON RD. | 01/29/2016 |
| SIGNATURE Officer/Dire Title Name Address | E: CINDY WEINSTEIN Electronic Signature of Registered Agent Ctor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. | Title Name Address | TR. WEINSTEIN, DAVID 6360 JOHNSTON RD. | 01/29/2016 |
| SIGNATURE Officer/Dire Title Name Address City-State-Zip: | E: CINDY WEINSTEIN Electronic Signature of Registered Agent ctor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. ZOLFO SPRINGS FL 33890 | Title Name Address | TR. WEINSTEIN, DAVID 6360 JOHNSTON RD. | 01/29/2016 |
| SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title | E: CINDY WEINSTEIN Electronic Signature of Registered Agent Ctor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. ZOLFO SPRINGS FL 33890 SECRETARY | Title Name Address | TR. WEINSTEIN, DAVID 6360 JOHNSTON RD. | 01/29/2016 |

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: CINDY WEINSTEIN

PRESIDENT

01/29/2016

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N12000002352

Entity Name: FLORIDA POMEGRANATE ASSOCIATION, INC.

FILED Jan 29, 2016 **Secretary of State** CC3688940375

Date