6360 JOHNST	ncipal Place of Business: ON RD GS, FL 33890			
	iling Address:			
	•			
6360 JOHN ZOLFO SPI	RINGS, FL 33890			
FEI Number: 38-3879916			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
CINDY, WEINS 6360 JOHNST ZOI FO SPRIN				
202.00.00				
	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Flo	orida.
The above name	d entity submits this statement for the purpose of changing its reg E: CINDY WEINSTEIN	gistered office or regis	tered agent, or both, in the State of Flo	orida. 02/27/2017
The above name	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	yistered office or regis	tered agent, or both, in the State of Flo	
The above name SIGNATUR	E: CINDY WEINSTEIN	gistered office or regis	tered agent, or both, in the State of Flo	02/27/2017
The above name SIGNATUR	E: CINDY WEINSTEIN Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Flo	02/27/2017
The above name SIGNATUR Officer/Dire	E: CINDY WEINSTEIN Electronic Signature of Registered Agent			02/27/2017
The above name SIGNATUR Officer/Dire Title	E: CINDY WEINSTEIN Electronic Signature of Registered Agent	Title	TR.	02/27/2017
The above name SIGNATUR Officer/Dire Title Name	E: CINDY WEINSTEIN Electronic Signature of Registered Agent Cotor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD.	Title Name	TR. WEINSTEIN, DAVID 6360 JOHNSTON RD.	02/27/2017
The above name SIGNATUR Officer/Dire Title Name Address	E: CINDY WEINSTEIN Electronic Signature of Registered Agent Cotor Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD.	Title Name Address	TR. WEINSTEIN, DAVID 6360 JOHNSTON RD.	02/27/2017
The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: CINDY WEINSTEIN Electronic Signature of Registered Agent Cector Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. ZOLFO SPRINGS FL 33890	Title Name Address	TR. WEINSTEIN, DAVID 6360 JOHNSTON RD.	02/27/2017
The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	E: CINDY WEINSTEIN Electronic Signature of Registered Agent Contron Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. ZOLFO SPRINGS FL 33890 SECRETARY	Title Name Address	TR. WEINSTEIN, DAVID 6360 JOHNSTON RD.	02/27/2017
The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title Name	E: CINDY WEINSTEIN Electronic Signature of Registered Agent CCTO Detail : P WEINSTEIN, CINDY 6360 JOHNSTON RD. ZOLFO SPRINGS FL 33890 SECRETARY BICE, DEBBIE 4011 COOPER RD	Title Name Address	TR. WEINSTEIN, DAVID 6360 JOHNSTON RD.	02/27/2017

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

02/27/2017

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N12000002352

Entity Name: FLORIDA POMEGRANATE ASSOCIATION, INC.

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FILED Feb 27, 2017 **Secretary of State** CC4334865905

Date