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: CHRISTINE BOLDT

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 2500 NW 97 AVENUE

SUITE 201 DORAL, FL 33172

Current Mailing Address:

DOCUMENT# N1200008212

2500 NW 97 AVENUE SUITE 201 DORAL, FL 33172 US

FEI Number: 45-4917917

Name and Address of Current Registered Agent:

BOLDT, CHRISTINE 2500 NW 97 AVENUE SUITE 201 DORAL, FL 33172 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:

Officer/Director Detail : Title Р Title VP BOLDT, CHRISTINE Name Name 2500 NW 97 AVENUE Address Address SUITE 201 City-State-Zip: MIAMI FL 33126 City-State-Zip: DORAL FL 33172

Title VP Name FERNANDEZ, EVELIO AJR Address 5407 NW 72 AVE City-State-Zip: MIAMI FL 33166

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 19, 2021 Entity Name: SOUTH FLORIDA PERISHABLES ASSOCIATION, INC.

Secretary of State 7057974953CC

Certificate of Status Desired: No

PRESIDENT

04/19/2021

Date

Electronic Signature of Registered Agent

ECHEVERRIA, RAUL 7351 NW 7 STREET.

Date