12363 MIDWA	ncipal Place of Business: Y RD , FL 34979-2363		241/3/	0094CC
Current Ma	iling Address:			
P.O. BOX 12 FORT PIER	2363 CE, FL 34979 US			
FEI Number: 45-3045129		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
HARRELL, MICHAEL A 629 ALTAMIRA ST NW PALM BAY, FL 32907 US				
PALM BAY, FL	32907 08			
,	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	Florida.
The above name		stered office or regis	tered agent, or both, in the State of F	^{-lorida.} 03/02/2022
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
The above name	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL	stered office or regis	tered agent, or both, in the State of F	03/02/2022
The above name	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/02/2022
The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent ctor Detail :			03/02/2022
The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	03/02/2022
The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT EDGEL, DANA P.O. BOX 12363	Title Name	VP MACY, MICHAEL P.O. BOX 12363	03/02/2022
The above name SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent Ctor Detail : PRESIDENT EDGEL, DANA P.O. BOX 12363	Title Name Address	VP MACY, MICHAEL P.O. BOX 12363	03/02/2022
The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E: MICHAEL A HARRELL Electronic Signature of Registered Agent ctor Detail : PRESIDENT EDGEL, DANA P.O. BOX 12363 FORT PIERCE FL 34979	Title Name Address City-State-Zip:	VP MACY, MICHAEL P.O. BOX 12363 FORT PIERCE FL 34979	03/02/2022

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: MICHAEL BYRD

City-State-Zip: FORT PIERCE FL 34979

TREASURER

City-State-Zip: FORT PIERCE FL 34979

03/02/2022

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1500008348

Entity Name: TREASURE COAST BEEKEEPERS ASSOCIATION INC

FILED Mar 02, 2022 Secretary of State 2417370694CC

Date