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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

COO

SIGNATURE: EDWIN CARTAGENA

<u>2024</u>	FLORIDA PROFIT	CORPORATION	REINSTATEMENT

DOCUMENT# P01000065102

Entity Name: LA CEIBA NURSERY, INC.

Current Principal Place of Business:

500 S FLORIDA AVE SUITE 415 PMB 1101 LAKELAND, FL 33801

Current Mailing Address:

PO BOX 900928 HOMESTEAD, FL 33090

FEI Number: 65-1117467

Name and Address of Current Registered Agent:

CARTAGENA, RAFAEL 500 S FLORIDA AVE SUITE 415 PMB 1101 LAKELAND, FL 33801 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	JATURE: RAFAEL CARTAGENA			02/03/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	COO	
Name	CARTAGENA, RAFAEL	Name	CARTAGENA, EDWIN RAFAEL	
Address	PO BOX 900928	Address	PO BOX 900928	
City-State-Zip:	HOMESTEAD FL 33090	City-State-Zip:	HOMESTEAD FL 33090	

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail



FILED Feb 03, 2024 Secretary of State 7148991523CR

Date