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.

SIGNATURE: PATRICIA W HOWERTON

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P02000107750 Entity Name: CH AG SERVICES, INC.

### **Current Principal Place of Business:**

2830 SHORTWOOD RD SEBRING, FL 33870

#### **Current Mailing Address:**

2830 SHORTWOOD RD SEBRING. FL 33870

#### FEI Number: 55-0810752

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LIVINGSTON, ROBERT E 445 S COMMERCE RD SEBRING, FL 33870 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 т Title Ρ Name HOWERTON, PATRICIA W Name HOWERTON, CLINTON E Address 2830 SHORTWOOD RD Address 2830 SHORTWOOD RD City-State-Zip: City-State-Zip: SEBRING FL 33870

#### Certificate of Status Desired: No

SEBRING FL 33870

FILED Mar 23, 2017 Secretary of State CC3606500255

Date

Date

SECRETARY

03/23/2017

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT