

Florida Department of State
Division of Corporations
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To: Division of Corporations
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**REGISTERED AGENT CHANGE
HICKORY BRANCH CORPORATION.**

Certificate of Status	0
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Page Count	02
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NOV 26 2024

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HICKORY BRANCH CORPORATION.
2. The principal office address: 20205 US HIGHWAY 27
C/O FLORIDA'S NATURAL GROWERS, INC. LAKE WALES, FL 33853
3. The mailing address (if different): PO BOX 3147 IMMOKALEE, FL 34143
4. Date of incorporation/qualification: 11/15/1977 Document number: 551220
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Renn, Katherine

FLORIDA'S NATURAL GROWERS, INC. 20205 HWY 27

LAKE WALES, FL 33853

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

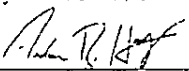
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Andrew R. Henry, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By:


Signature of Registered Agent

11/22/2024

Date

If signing on behalf of an entity:

Leslie Martin, Assistant Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)