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1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

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SIGNATURE:

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IMMOKALEE NEIGHBORHOOD SERVICES, INC.

IMMOKALEE NEIGHBORH	OOD SERVICES, INC.					
Principal Place of Business	Mailing Address		1 188111 (1988)	INICA MININ CIANO (HIN) +	MEL MIRIT MCDEL RIUTE MINUT	Diani dian 1981
201 NORTH 1ST. STREET PO BOX 5015	201 NORTH 1ST. STREET PO BOX 5015					
IMMOKALEE FL 33934	immokalee fl 34143-50	.	3. Date Incorporat 06/28/19	ed or Qualified	3a. Date of Last F 08/08/19	leport 96
Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-1711	633)	oplied For ot Applicable
Suite, Apt #, etc. 2 BOX 1393	Suite Ant # etc	5393	5. Certificate of Sta	atus Desired		Additional equired
City & State	City & State		6. Election Campa Trust Fund Conf	•		May Be to Fees
Zip Country	Zip	Country	8. This corporation	has liability for in	tangible tax under s	
4 34/43 25 25 All Marris and Address	29 34/43 sof Current Registered Agent	30	Fiorida Statutes 10. Name and Add		Yes No	
9. Name and Address	O Corrent Registered Agent	B1 Nam		IOSS OF HOW HAY	listolen võelit	
HERSHEY, BENJAMIN D.		82 Stree	t Address (P.O. Box Number	is Not Acceptable	۵۱	
701 GLADES ST.			T Address (F.O. Box Number	is Not Acceptable	o,	
IMMOKALEE FL 33934		83				
		84 City			FL 85 Zip	Code
 Pursuant to the provisions of Section office or registered agent, or both, in agent. I am familiar with, and accep 	ns 617.0502 and 617.1508, Florida Statu	utes, the above-name	d corporation submits this st	atement for the pu	urpose of changing i	ts registered
office or registered agent, or both, in	n the State of Florida. Such change was of the obligations of, Section 617.0503, F	s authorized by the co Florida Statutes	prporation's board or directors	s. i nereby accept	t the appointment as	registered
agent. I am familiar with, and accep						
SIGNATURE				<u> </u>		
SIGNATURE Signature, typed or printed name of	registered agent and title if applicable. (NO	DTE: Registered Agent signati	ure required when reinstating)	NGES TO OFFICE	DATE FRS AND DIRECTOR	RS IN 12
SIGNATURE Signature. Typed or printed name of OFF				NGES TO OFFICE	DATE ERS AND DIRECTOR Change	
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