

F19DC000049C

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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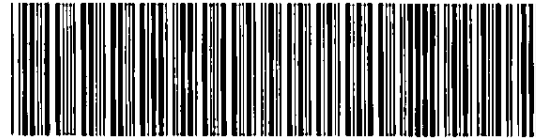
(Business Entity Name)

(Document Number)

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DATE 11-13-2023 BY 60322



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 10/02/2023

Name: Juliana

Reference #: 2133108

Entity Name: MERCOLA HEALTH EXPORTS, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: Juliana Prestia

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: F19000001690

E-mail address: (to be used for future annual report notification) dlittwin@dugganbertsch.com

Name of Contact Person at (_____)_____
Area Code & Daytime Telephone Number

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MERCOLA HEALTH EXPORTS, INC.
2. The principal office address: 125 SW 3RD PLACE SUITE 200

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/02/2019 Document number: F19000001690

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)

DUGGAN BERTSCH, PLLC

875 109TH AVENUE N SUITE 302

NAPLES, FL 34108

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

Cogency Global Inc.

115 North Calhoun Street, Suite 4

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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.

/S/ James M. Duggan

Signature of an officer or director

James M. Duggan

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.

/S/ Sean Chase

Signature of Registered Agent

09/28/2023

Date

If signing on behalf of an entity:

Sean Chase

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)