2/20/24, 10:26 AM



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H240000684043)))



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Division of Corporations

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Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300

Fax Number

: (608)827-5501

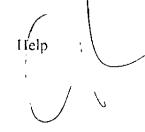
**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

nbarker@renderotrust.com Email Address:

REGISTERED AGENT CHANGE COLLIER VEGETABLES, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu



Fax Audit # H24000068404 3

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

statement of char	ige is submitted	for a corporation organ	2, 607, 1508, or 617, 1508, Flo. ized under the laws of the Stat wed agent, or both, in the Stati	e of Florida		
	•	Collier Vegetables, Inc	•	•		
2. The principal of	office address:	2550 Goodlette Rd, N., ?	Saples, Florida 34103	-		
3. The mniling ac	ldress (if differe	3665 East Bay Drive	e Suite 204 MB 435, Largo, FL	33771		
4. Date of incorp	oration/qualifica	tion: <u>8/16/1983</u>	Suite 204 MB 435, Largo, FL	54377		
5. The name and	street address of		gent and registered office on fi			
	Diumm, Thon	nas J.		2024		
	999 Vanderbil			ALL		
•				PEALLANI		
6. The name and (if changed):			it (if changed) and /or registere	$\mathcal{O}_{\mathbb{R}^n}$		
	Business Filing	s Incorporated		严		
·	1200 South Pine Island Road					
	Plantation, Flor		NOT acceptable			
The street address as changed will l	ss of its register be identical.	ed office and the street	address of the business office	of its registered agent.		
Such change was authorized by the	s authorized by e board, or the c	resolution duly adopted comoration has been no	by its board of directors or b	y an officer so		
William Thomas, Vice President Signature of an officer of director Printed or typed frame and title		esident				
Signature	of an officer of direc	tor	Printed or typed name	and title		
I hereby occept to I further agree to of my duties, and document is bein corporation has	he appointment o comply with th I am familiar v ig filed merely to been notified in	as registered agent and to provisions of all stati with and accept the obli o reflect a change in the writing of this change.	d agree to oct in this capacity ttes relative to the proper and gation of my position as regis progistered office address, I i	I complete performance stored agent. Or, if this horoby confirm that the		
Marine.			5th day of February, 2024			
Sign	anne of Registered A	gent	Dite			
If signing on bel Chris Das, AVP	•					
Ту	ped or Printed Name	**************************************				
		* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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