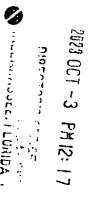


(Requestor's Name)	
(Address)	
(Address)	
(
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
J. HORNE OCT - 4 2023	
1 2023	

Office Use Only









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

Account#: 120000000088

Date:	10/03/2023	
Name:	Juliana	_
	e #: 2139362	_
	me: MANGROVE PINES I	FARM FOUNDATION, INC.
☐ Ar	ticles of Incorporation/Authorization	to Transact Business
☐ Ar	nendment	
✓ Ch	nange of Agent	
☐ Re	einstatement	
□ Co	onversion	
	erger	
☐ Di	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	her	
Authorize	ed Amount:\$35.00	
Signature	e: Juliana Prestia	

F: 800.944.6607

P: +852.2682.9633

E-+852 2682 9790



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

Account#: 120000000088

Date:10/03/2023	
Name: Juliana	
Reference #: 2139362	
Entity Name: MANGROVE PINES FA	RM FOUNDATION, INC.
☐ Articles of Incorporation/Authorization to	ransact Business
Amendment	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$35.00	
Signature: Auliana Prestia	

F: 800.944.6607

+44 (0)20.3961.3080

F. +852 2682 9790

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:	MANGROVE PINES FARM FOUNDATION, INC.		
Name of Corporation			
DOCUMENT NUMBER	R:N18000008372		
The enclosed Statement of	f Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
Name of Contact Person			
	NCY GLOBAL INC.		
Firm/Company			
115 North	Calhoun Street, Suite 4		
Address			
Talla	hassee, FL 32301		
City/State and Zip Code			
	dlittwin@dugganbertsch.com		
E-mail address: (to $\overline{be \iota}$	sed for future annual report notification)		
For further information co	oncerning this matter, please call:		
	- -		
Name of C	at () Contact Person Area Code & Davtime Telephone Num		
Name of C	Med Code de Dayanie Telephone Nun		
Enclosed is a \$35.00 chec	k made payable to the Department of State.		

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

CR2E045 (04/13)

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

statement of change is sub-	of sections 607.0502, 617.05 mitted for a corporation orga te its registered office or regis	nized under the laws of the St	tate of Florida	
1. The name of the corpora				
		125 SW 3RD PLACE STE 20	00	
2. The principal office aca	CAPE CORA			
3. The mailing address (if	different):			
4. Date of incorporation/qu	ualification:08/02/2018	Document number:	N18000008372	
5. The name and street add	lress of the current registered State: (If resigned, enter resign	agent and registered office on		
	DUGGAN BER	TSCH, PLLC		
	875 109TH AVENI	JE N SUITE 302		
	NAPLES, F	FL 34108		
6. The name and street add (if changed):	dress of the new registered age	ent (if changed) and /or regist	ered office	
	Cogency G	lobal Inc.		
	115 North Calhou	n Street, Suite 4		
	P.O. Bo	ox NOT acceptable		
	Tallahassee, F	lorida 32301		
The street address of its reas changed will be identic	egistered office and the stree cal.	t address of the business offi	ice of its registered agent,	
Such change was authorized by the board.	zed by resolution duly adopte or the corporation has been n	ed by its board of directors of otified in writing of the chan	r by an officer so nge.	
/S/ James M	I. Duggan	James M.	. Duggan	
Signature of an office	er or director	Printed or typed na	ime and title	
I further agree to comply of my duties, and I am fan document is being filed m	ntment as registered agent a with the provisions of all sta niliar with and accept the ob erely to reflect a change in t ified in writing of this change	tutes relative to the proper a ligation of my position as re he registered office address.	ity ind complete performance gistered agent. Or, if this I hereby confirm that the	
/S/ Sean	Chase	09/28/	′2023	
Signature of Reg	istered Agent	Date		
If signing on behalf of an	entity:			
Sean C	hase			
Typed or Printe	ed Name			

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

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	OVE PINES FARM FOUNDATION, INC.
Name of Corporation	
DOCUMENT NUMBER:	N18000008372
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Name of Contact Person	_
COGENCY GL	OBAL INC.
Firm/Company	
115 North Calhoun	Street, Suite 4
Address	
Tallahassee,	FL 32301
City/State and Zip Code	
	dlittwin@dugganbertsch.com
E-mail address: (to be used for t	future annual report notification)
	·
For further information concerning	g this matter, please call:
Name of Contact Po	erson at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made n	payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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

CR2E045 (04/13)