

2/15/2024 16:07:05 PST
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To: 18506176380

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From: Registered Agents Inc

Fax: 8134365206

n2300009195
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address: _____

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2024 FEB 16 AM 10:56
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
GROW YOUR OWN FOODS AND FLOWERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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2024 FEB 16 PM 3:31

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Corporate Filing Menu

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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: GROW YOUR OWN FOODS AND FLOWERS, INC.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/31/23 Document number: N23000009195
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)

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

Northwest Registered Agent LLC

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

STATE OF FLORIDA
TALLAHASSEE, FL

2024 FEB 16 AM 10:56

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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.

Don Avery
 Signature of an officer or director

Don Avery, President

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.

Taylor Newman
 Signature of Registered Agent

02/15/2024

Date

If signing on behalf of an entity:

Taylor Newman

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)