01000098101 ORGANICPHARMS, INC. 340 ISLAND BEACH BLVD MERRITT ISLAND, FL 32952 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 20000623684 (Document #) (Corporation Name) *****35.00 *****35.00 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Walk in ☐ Pick up time ☐ Photocopy Certificate of Status Mail out Will wait **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICA OTHER FILINGS Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other V SHEPARD **Examiner's Initials**

CR2E031(7/97)

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 61/.1508, Florida Statutes, |
|--|--|
| the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office o | or registered agent, or both, in |
| the State of Florida. | |
| 1. The name of the corporation: ORGANICPHARMS, INC. | |
| | |
| 2. The mailing address of the corporation: 340 ISLAND BEACH BLVD | . MERRITT ISLAND, FL 32952 |
| 3. Date of incorporation/qualification: 10/5/01 Docume | nt number: P01000098101 |
| 4. The name and address of the current registered agent and office: | DIVISE |
| HARRY J. SWART, CPA | |
| 717 EAST OAK STREET | |
| KISSIMMEE, FL 34744 | 8 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| 5. The name and address of the new registered agent (if changed) and/or (P. O. Box Not Acceptable) | registered office (if changed) |
| RHONDA L. HINDS, CPA PA | |
| 300 MAGNOLIA AVE, SUITE A | |
| MERRITT ISLAND, FL 32952 | |
| The street address of its registered office and the street address of the lagent, as changed, will be identical. | business office of its registered |
| Such change was authorized by resolution duly adopted by its board of authorized by the board. | f directors or by an officer so |
| (1) all C Mhanas (M) | 6-24-02 |
| (Signature of an officer, chairman or vice chairman of the board) | (Date) |
| Walter C. Parsons, III, President (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of processor corporation, I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the obliging registered agent. | ess for the above stated agree to act in this capacity. The proper and complete sation of my position as |
| Signature of Registered Agent) | (-202 (Dafe) |
| If signing on behalf of an entity: Whonda L. Hinds | Resident |
| (Typed or Printed Name) | (Capacity) |
| * * * FILING FEE: \$35.00 * * * | • |

TALLAHASSEE, FL 32314