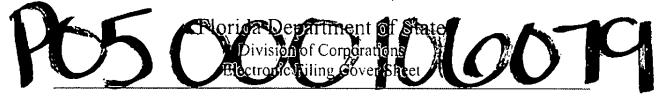
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE FLORIDA'S NATURAL FOOD SERVICE, INC.

| Certificate of Status | 0 |
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To:

By:

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

| statement of cha | provisions of sections 607.0502, 6. nge is submitted for a corporation r to change its registered office or | organized under the laws of the | State of Florida |
|--|--|--|--|
| 1. The name of t | he corporation: FLORIDA'S NATU | URAL FOOD SERVICE, INC. | |
| 2. The principal | office address:LAKE WALES, FL 33853-3025 | | |
| 3. The mailing a | ddress (if different): POST OFFIC | E BOX 1111 LAKE WALES, FL 3 | 3859-1111 |
| 4. Date of incorp | poration/qualification: 07/29/2005 | Document number: | P05000106079 |
| | I street address of the current registement of State: (If resigned, enter r | | on file with the |
| | Renn, Katherine | | |
| | 20205 HWY 27 | | 2021 |
| | LAKE WALES, FL 33853-3025 | | 2074 NOV 25 |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or regis | stered office 727 Em |
| | C T Corporation System | | M 10: 32 |
| | 1200 South Pine Island Road | | 382 |
| | Plantation, Florida 33324 | P.O. Box NOT acceptable | |
| The street addre | ess of its registered office and the be identical. | street address of the husiness of | fice of its registered agent, |
| Such change wa authorized by th | is authorized by resolution duly a ne board, or the corporation has be | dopted by its board of directors (een notified in writing of the cha | or by an officer so inge. |
| 1.1. | LR. Hay | Andrew R. Henry, Secreta | - |
| Signatur | re of an officer or director | Printed or typed i | name and title |
| I further ayree t of my duties, an document is bei | the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to glied merely to reflect a chang been notified in writing of this constant. | ill statules relative to the proper he obligation of my position as r e in the registered office address | and complete performance egistered agent. Or, if this |
| F | district. | 11/22/2024 | |
| Sign | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Leslie Mar | tin, Assistant Secretary | | |
| T | pped or Printed Name | • | |

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