

P17000045308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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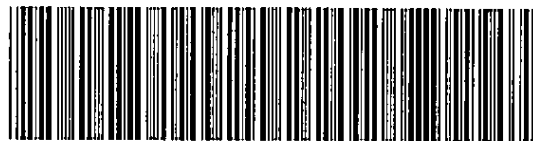
(Business Entity Name)

(Document Number)

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2019 MAY -6 PM 1:08
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MAY 15 2019

7. LEMMON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW HARVEST FARM, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000045308

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANITA BARONE
Name of Contact Person

NEW HARVEST FARM, INC.
Firm/Company

308 TAVERNIER DR
Address

OLDSMAR FL 34677
City/State and Zip Code

anita_34677@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANITA BARONE at (813) 492 3361
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: NEW HARVEST FARM, INC.

2. The principal office address: 308 TAVERNIER DR.
OLDSMAR, FL 34677

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/19/17 Document number: P17000045308

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)

United States Corporation Agents, Inc.
13302 WINDING OAK COURT, SUITE A
Tampa, FLORIDA 33612

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

ANITA BARONE
308 TAVERNIER DR
P.O. Box NOT acceptable
OLDSMAR, FL 34677

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TALLAHASSEE, FLORIDA

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.

Anita Barone
Signature of an officer or director

ANITA BARONE PTSD
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.

Anita Barone
Signature of Registered Agent

5/1/19
Date

If signing on behalf of an entity:

Anita Barone
Typed or Printed Name

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