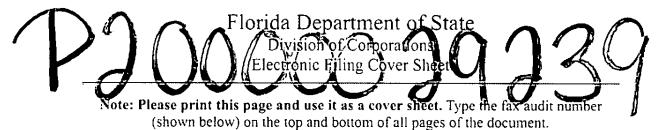
11/22/24, 4:53 PM

Division of Corporations



(((H24000389323 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.\*\*

Email Address:
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## REGISTERED AGENT CHANGE CORAL REEF JUICE CO.

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	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State registered agent, or both, in the State	of Florida	
	the corporation: CORAL REEF JUI			
	office address: LAKE WALES, FL 33853-3025			
3. The mailing a	address (if different): POST OFFICE	E BOX 1111 LAKE WALES, FL 33859	-1111	
4. Date of incorp	Date of incorporation/qualification:  Date of incorporation/qualification:  Document number:  P20000029239			
5. The name and	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file	e with the	
	Renn, Katherine			
	20205 HWY 27			
	LAKE WALES, FL 33853-3025			
6. The name and street address of the new registered agent (if changed) and /or (if changed):			l office	
	C T Corporation System			
	1200 South Pine Island Road		<u></u>	
	Plantation, Florida 33324	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the he identical.	street address of the business office of	of its registered agent,	
Such change wa authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer so	
6.	LT. HY	Andrew R. Henry, Secretary		
2"	re of an officer or director	Printed or typed name a	nd title	
I further agree : of my duties, an document is bei	to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and the obligation of my position as registed in the registered office address. I he hange.	complete performance ered agent. Or, if this creby confirm that the	
C 1 Corporation	J-/400	11/22/2024		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Leslie Mai	rtin, Assistant Secretary			
Т	yped or Printed Name			