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(Request	or's Name)	
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PICK-UP] WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to Filing	Officer:	
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COVER LETTER

TO: Amendment Section Division of Corpora	n ations	÷				
SUBJECT: MANN FAMILY Name of Corporation	FARMS, INC					
Name of Corporation						
DOCUMENT NUMBER: 1	220000042725					
The enclosed Statement of C	Change of Registere	d Office/Age	nt and fee	are submitted for filing.		
Please return all corresponde	ence concerning this	s matter to the	: following	<u>2</u> :		
ANA MANN						
Name of Contact Person 4122 NW 128TH TER						
Firm/Company						
4122 NW 128TH TER						
Address		·				
GAINESVILLE, FL 32606						
City/State and Zip Code						
account	ing@jazzswonderland	d.com				
E-mail address: (to be use	d for future annua	l report noti	fication)	1 - 1 - 1		
					-	
For further information cone	cerning this matter,	please call:				
					_	
GAINESVILLE, FL 32606		at (718) 764-3825 e & Daytime Telephone Number	_	
Name of Con	itact Person		Area Cod	e & Daytime Telephone Number	-	
Enclosed is a \$35.00 check r	nade payable to the	: Department	of State.		÷	
<u>Mailing Addre</u> Amendment S	ess:		Street Address: Amendment Section			
Amenament S Division of Co				ection orporations		
				a for a contract of a section of the contract		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

X

X.

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

Pursuant to the provisions of sections 607.0502. 6 statement of change is submitted for a corporation	i organized und	ler the laws of the State of FLORIDA	
in order to change its registered office or	•	nt, or both, in the State of Florida.	
1. The name of the corporation: MANN FAMILY	FARMS, INC		
2. The principal office address: 4122 NW 128TH TI	ERR, GAINESV	/ILLE, FL 32606	
3. The mailing address (if different):			
4. Date of incorporation/qualification: $\frac{06/07/2020}{}$	D	ocument number: P20000042725	
5. The name and street address of the current regis Florida Department of State: (If resigned, enter	_	registered office on file with the	
HAKIM ENTERPRISES, INC			
4830 W PARK ROAD			
HOLLYWOOD, FL 33021			
6. The name and street address of the new register (if changed):	ed agent (if cha	anged) and /or registered office	
ANA MANN			
4122 NW 128TH TERR			
	P.O Box NOT acc	cptable	•
GAINESVILLE, FL 32606			-
The street address of its registered office and the as changed will be identical.	street address	of the business office of its registered	agent.
Such change was authorized by resolution duly a authorized by the board, or the corporation has b			- ·
	ANA	MANN, PRESIDENT	•
Signature of an officer or director		Printed or typed name and title	
I hereby accept the appointment as registered as I further agree to comply with the provisions of a of my duties, and I am familiar with and accept t document is being filed merely to reflect a chang corporation has been notified in writing of this c	all statutes rela The obligation (The regist	itive to the proper and complete perfor	manc if thi. iat the
Ana Makir	X	2/14/2024	
Signature of Registered Agent	<u>-</u>	Date	
If signing on behalf of an entity:			
Typed or Printed Name	- NG 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)