## P21000056409

(Requestor's Name)
(Address)
(Addrass)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Fatity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700437402767

15, 0, 724 (4) 61, --, 7, 8, 8, 7, 7

SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HARRIS ESTABI	SHMENT FARMS, INC.			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	NADEAN C. GREGOR				
	Name of Contact Person				
	ATLANTIC NONLAWYER SERVICES INC.				
	Firm/ Company				
	294 East Eau Gallie Blvd.				
	Address				
	Indian Harbour Beach, FL 32937				
	City/ State and Zip Code				
	alsi@atlanticnonlawyer.com				
	É-mail address: (to be us	sed for future annual report	notification)		
	n concerning this matter, pleas				
NADEAN C. GREGOR 321-773-202(					
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	ortment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee E. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HARRIS ESTABLISHMENT FARMS, INC.

·	of Corporation as curren	ntly filed with the Florida Dept. of State)
P21000056409		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
n/a		The new
	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word  (."
D. Enter new principal office address	if annlisable:	n/a
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli	cable:	n/a
(Mailing address MAY BE A POST)		ina .
D. If amending the registered agent an new registered agent and/or the new		ldress in Florida, enter the name of the
	GREG HARRIS	
<u>Name of New Registered Agent</u>	1950 Vars Street	
		street address)
	Palm Bay	32907
New Registered Office Address:		(City) , Florida (Zip Code)
		(SAM)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the position.
(ree )	16 Jan 1	Registered Agent if changing
	Signature of Man	Durietavad Arant if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

1024 OCT -8 PM 2: || SECRETARY OF STATE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	REBECCA HARRIS	1950 Vars Street
Add			Palm Bay, FL 32907
X Remove			
2) X Change	PD	GREG HARRIS	1950 Vars Street
Add			Palm Bay, FL 32907
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

SECRETARY OF STATE TALLAHASSEE, FL

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
<u>.</u>	
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
·	

2024 OCT -8 PH 2: SECRETARY OF STATELLAHASSEE, FL

	Date document was signed	
The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment f	ìle date)
Note: If the date inserted in this block of document's effective date on the Departm	loes not meet the applicable statutory filing requent of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted baction was not required.	by the incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for approval.	r the amendment(s)
	by the shareholders through voting groups. The voting group entitled to vote separately on the am	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected. by a	, president or other officer – if directors or office n incorporator – if in the hands of a receiver, trus uciary by that fiduciary)	rs have not been stee, or other court
GRE	GHARRIS	
	(Typed or printed name of person signing)	
DIRE	CCTOR	
	(Title of person signing)	

2024 OCT -8 PM 2: 11