

10/12/2022 3:19PM

Division of Corporations

NO. 0594 P. 1

P 94 0000 832 19

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
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Email Address: bmann@nasonyeager.com

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**REGISTERED AGENT CHANGE
MORNINGSTAR HARVESTING, INC.**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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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: MORNINGSTAR HARVESTING, INC.
2. The principal office address: 135 Ocean Point Road, Second Floor, Pahokee, FL 33476
3. The mailing address (if different): P.O. Box 220, Pahokee, FL 33476
4. Date of incorporation/qualification: 11/15/1994 Document number: P94000083219
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)

Nowicki, Mark J.

480 Maplewood Drive, Suite 2

Jupiter, FL 33458

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

Terrence Freeman II

3001 PGA Blvd., Suite 305

P.O. Box NOT applicable

Palm Beach Gardens, FL 33410

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.

Signature of an officer or director

Paul Allen, President

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.

Signature of Registered Agent

10/12/22

Date

If signing on behalf of an entity:

Typed or Printed Name

Terrence N. Freeman

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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