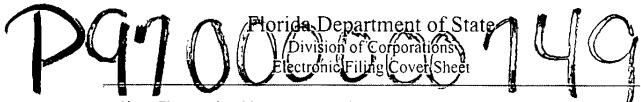
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Division of Corporations



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Fax Number : (850)617-6380

From:

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Account Number : FCA000000023 : (614)280-3338 : (614)573-3996 Fax Number

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REGISTERED AGENT CHANGE CITRUS WORLD SERVICES, INC.

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Help

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

statement of cha	nnge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florida registered agent, or both, in the State of Florida	a
	the corporation: CITRUS WORLD S	•	
2. The principal	office address: OFFICES OF FLORI	IDA'S NATURAL GROWERS, INC.	
	LAKE WALES, FL 33853-3025		
3. The mailing a	nddress (if different): POST OFFICE	BOX 1111 LAKE WALES, FL 33859-1111	
4. Date of incom	poration/qualification: 12/30/1996	Document number: P97000000749)
5. The name and		ered agent and registered office on file with the	
	Renn, Katherine		
	20205 HWY 27		75.7.
	LAKE WALES, FL 33853-3025		(-1
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road	· ·	
	p	O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the s he identical.	street address of the husiness office of its regi	stered agent,
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has bee	lopted by its board of directors or by an office en notified in writing of the change.	er so
1.1	1. 17. 12 mg	Andrew R. Henry, Secretary	
Signatu	re of an officer or director	Printed or typed name and title	
of my duties, an document is bei	id I am familiar with and accept thing filed merely to reflect a change is been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered ager in the registered office address, I hereby con ange.	performance nt. Or, if this Ifirm that the
C I Cultivitation	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/22/2024	
Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Leslie Mai	rtin, Assistant Secretary		
T	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

By: