

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S42553

Entity Name: ALPHA FOLIAGE, INC.**Current Principal Place of Business:**27600 S.W. 217TH AVE.
HOMESTEAD, FL 33031**Current Mailing Address:**18455 S.W. 264TH ST.
HOMESTEAD, FL 33031 US**FEI Number:** 65-0268608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEMOTT, JEFFREY
18455 S.W. 264TH ST.
HOMESTEAD, FL 33031 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JEFFREY DEMOTT

11/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name DEMOTT, JOHN C.
Address 18455 S.W. 264TH ST.
City-State-Zip: HOMESTEAD FL 33031

Title SECRETARY, TREASURER,
DIRECTOR
Name DEMOTT, CAROLYN G.
Address 18455 S.W. 264TH ST.
City-State-Zip: HOMESTEAD FL 33031

Title VP, DIRECTOR
Name BUSTER, CHARLES S.
Address 24050 S.W. 162ND AVE.
City-State-Zip: HOMESTEAD FL 33031

Title VP, DIRECTOR
Name BUSTER, M.A.
Address 24050 S.W. 162ND AVE.
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR
Name DEMOTT, JEFFREY
Address 18455 S.W. 264TH ST.
City-State-Zip: HOMESTEAD FL 33031

Title PRESIDENT, DIRECTOR
Name TORRES, JACQLENE
Address 27600 S.W. 217TH AVE.
City-State-Zip: HOMESTEAD FL 33031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY DEMOTT**DIRECTOR, REGISTERED AGENT** 11/02/2017

Electronic Signature of Signing Officer/Director Detail

Date