#### 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. 07/09/2018

PRESIDENT

SIGNATURE: JOYCE M. TORCISE

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Oncendration Detail.					
Title	D, PRESIDENT	Title	VP, TREASURER		
Name	TORCISE, JOYCE M.	Name	FULLER, SANDRA T.		
Address	17900 SW 288TH ST	Address	17900 SW 288TH ST		
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030		
Title	VP, SECRETARY				
Name	TORCISE, JR., STEVE J.				
Address	17900 SW 288TH ST				
City-State-Zip:	HOMESTEAD FL 33030				

# **Officer/Director Detail :**

MAAS, P.A.		
6TH STREET		
TEAD, FL 33030 US		
,		

2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT DOCUMENT# S98293

Entity Name: TORCISE BROS. FARMS, INC.

### **Current Principal Place of Business:**

17900 SW 288TH ST HOMESTEAD. FL 33030

#### **Current Mailing Address:**

17900 SW 288TH ST HOMESTEAD, FL 33030

#### FEI Number: 65-0310251

## Name and Address of Current Registered Agent:

JOHN P 44 N E 1 HOMEST

SIGNATURE:

FILED Jul 09, 2018 Secretary of State CC2095713304

Certificate of Status Desired: No

Date

Date