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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALI MIRZAKHANI NAFCHI

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000149270

Entity Name: INSTITUTE OF AGRICULTURAL INNOVATION AND ENGINEERING RESEARCH, LLC

Current Principal Place of Business:

9510, WATERFORD OKS BLVD. WINTER HAVEN, FL 33884

Current Mailing Address:

9510 WATERFORD OKS, BLVD. WINTER HAVEN, FL 33884 US

FEI Number: 47-2138279

Name and Address of Current Registered Agent:

OBNEY, JULIE PAUL 1336 TORREYA CIR. N. FT. MYERS, FL 33917 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

TitleAMBRNameNAFCHI, ALI MIRZAKHANIAddress120 MALLARD RD.City-State-Zip:LAKE ALFRED FL 33850

Certificate of Status Desired: No

Date

04/13/2018 Date

FILED Apr 13, 2018 Secretary of State CC0714726161

Electronic Signature of Signing Authorized Person(s) Detail