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:	BLANCA PONCE			01/08/2019		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	P	Title	VICEPRESIDENT			
Name	PONCE, BLANCA E	Name	PONCE, MANUEL			

Address

HOMESTEAD. FL 33034

35500 SW 213 AVENUE

DOCUMENT# P1100008571

Entity Name: RABBIT NURSERY INC

Current Principal Place of Business:

Current Mailing Address:

35500 SW 213 AVENUE HOMESTEAD, FL 33034

FEI Number: 27-4663381

Name and Address of Current Registered Agent:

35500 SW 213 AVENUE

PONCE, BLANCA E 35500 SW 213 AVENUE HOMESTEAD, FL 33034 US

City-State-Zip	HOMESTEAD FL 33034	City-State-Zip:	HOMESTEAD FL 33034

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: BLANCA PONCE

PRESIDENT

01/08/2019

Electronic Signature of Signing Officer/Director Detail

FILED Jan 08, 2019 Secretary of State 2390359463CC

35500 SW 213 AVENUE

Certificate of Status Desired: No

Date

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Address