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	E: BLANCA PONCE			05/01/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VICEPRESIDENT	
Name	PONCE, BLANCA E	Name	PONCE, MANUEL	

HOMESTEAD. FL 33034

DOCUMENT# P1100008571

Entity Name: RABBIT NURSERY INC

Current Mailing Address:

35500 SW 213 AVENUE HOMESTEAD, FL 33034

FEI Number: 27-4663381

Name and Address of Current Registered Agent:

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

35500 SW 213 AVENUE Address Address 35500 SW 213 AVENUE City-State-Zip: HOMESTEAD FL 33034 City-State-Zip: HOMESTEAD FL 33034

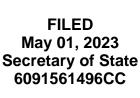
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this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

SIGNATURE: MANUEL PONCE

VICEPRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business: 35500 SW 213 AVENUE