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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SCOTT

Electronic Signature of Signing General Partner Detail

PARTNER

Certificate of Status Desired: No

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

General Partner Detail :

Document #

SCOTT, PATRICIA A Name Address 3443 TAMIAMI TRAIL

City-State-Zip: PORT CHARLOTTE FL 33952

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0600001060

Entity Name: PATRICIA SCOTT FAMILY LIMITED PARTNERSHIP, LLLP

Current Principal Place of Business:

C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950

Current Mailing Address:

C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950 US

FILED Mar 18, 2019 Secretary of State 8633308947CC

> 03/18/2019 Date

Date