#### 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. 02/09/2017

SIGNATURE: PAUL C CHRESTENSEN

Electronic Signature of Signing General Partner Detail

# Entity Name: THE CHRESTENSEN FAMILY LIMITED PARTNERSHIP

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

148 EDGEMERE WAY S NAPLES. FL 34105

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

148 EDGEMERE WAY S NAPLES, FL 34105

## **FEI Number: NOT APPLICABLE**

## Name and Address of Current Registered Agent:

CHRESTENSEN, PAUL C 148 EDGEMERE WAY S NAPLES, FL 34105 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: PAUL C CHRESTENSEN

Electronic Signature of Registered Agent

## **General Partner Detail :**

Document # G14000023697 THE CHRESTENSEN FAMILY TRUST Name Address 148 EDGEMERE WAY S City-State-Zip: NAPLES FL 34105

Secretary of State CC3468826794

FILED Feb 09, 2017

Certificate of Status Desired: Yes

02/09/2017 Date

Date

GENERAL PARTNER