CAIP 7922 NW 71ST GAINESVILLE,				
Current Mai	ling Address:			
100 WINTEF HOLLY SPIF	RBERRY LN RNGS, NC 27540 US			
FEI Number: 59-1856303		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
NAWROCKI, JU	JSTIN J PHD			
CAIP 7922 NW 71ST STREET GAINESVILLE, FL 32653 US				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE: JUSTIN NAWROCKI				
SIGNATURE	E JUSTIN NAWROCKI			02/27/2022
SIGNATURE	E: JUSTIN NAWROCKI Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		-	02/27/2022
	Electronic Signature of Registered Agent	Title	SECRETARY	02/27/2022
Officer/Dire	Electronic Signature of Registered Agent	Title Name	SECRETARY GIANNOTTI, AMY L	02/27/2022
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : TREASURER			02/27/2022
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : TREASURER NAWROCKI, JUSTIN J PHD 100 WINTERBERRY LN	Name Address	GIANNOTTI, AMY L	02/27/2022
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : TREASURER NAWROCKI, JUSTIN J PHD 100 WINTERBERRY LN	Name Address	GIANNOTTI, AMY L 1572 LAWNDALE CIRCLE	02/27/2022
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : TREASURER NAWROCKI, JUSTIN J PHD 100 WINTERBERRY LN HOLLY SPRINGS NC 27540	Name Address	GIANNOTTI, AMY L 1572 LAWNDALE CIRCLE	02/27/2022
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : TREASURER NAWROCKI, JUSTIN J PHD 100 WINTERBERRY LN HOLLY SPRINGS NC 27540 PRESIDENT	Name Address	GIANNOTTI, AMY L 1572 LAWNDALE CIRCLE	02/27/2022

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN NAWROCKI

TREASURER

02/27/2022

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 702834

Entity Name: AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

FILED Feb 27, 2022 **Secretary of State** 5591924860CC

Date