Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	V	Title	S		
Name	REED, BRUCE	Name	SCHREYES, DON		
Address	1715 BARTOW ROAD	Address	4908 WEST NASSAU STREET		
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	TAMPA FL 33607		
Title			D		
THE	Т	Title	P		
Name	T PETERSON, CHUCK	Litle Name	P CASPER, BLAKE		
	T PETERSON, CHUCK 4908 WEST NASSAU STREET		-		
Name		Name	CASPER, BLAKE		

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:

4908 WEST NASSAU STREET TAMPA, FL 33607

Current Principal Place of Business:

DOCUMENT# 744406

4908 WEST NASSAU STREET

Current Mailing Address:

TAMPA, FL 33607

FEI Number: 59-1894030

Name and Address of Current Registered Agent:

PETERSON, CHUCK 4908 WEST NASSAU STREET TAMPA, FL 33607 US

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.

Т

SIGNATURE: CHUCK PETERSON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

02/20/2015

Date

Date

Feb 20, 2015 Secretary of State CC9011695789