KEY BISCAYN	DR., STE 6 E, FL 33149			
Current Mai	ling Address:			
	TA DR., STE 6 YNE, FL 33149 US			
FEI Number: 59-2126150			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
LANCASTER & LANCASTER & 50 W MASHTA KEY BISCAYN	REED, LLC			
The above name	d entity submits this statement for the purpose of changing its reg	istorod offico or rogis	tered agent or both in the State of F	
SIGNATURE: RICHARD A. REED, CPA			lered agent, or boun, in the State of Fi	lorida.
SIGNATUR	-	stered onice of regis	lered agent, or both, in the state of th	04/25/2017
SIGNATURI	-			
SIGNATUR	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent			04/25/2017
	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent	Title	T	04/25/2017
Officer/Dire	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent			04/25/2017
Officer/Dire	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent Ctor Detail : PD	Title	т	04/25/2017
Officer/Dire Title Name	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent Ctor Detail : PD RICHARD A. REED 50 W MASHTA DR., STE 6	Title Name	T SHERRY L. REED 50 W MASHTA DR., STE 6	04/25/2017
Officer/Dire Title Name Address	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent Ctor Detail : PD RICHARD A. REED 50 W MASHTA DR., STE 6	Title Name Address	T SHERRY L. REED 50 W MASHTA DR., STE 6	04/25/2017
Officer/Dire Title Name Address	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent Ctor Detail : PD RICHARD A. REED 50 W MASHTA DR., STE 6	Title Name Address	T SHERRY L. REED 50 W MASHTA DR., STE 6	04/25/2017
Officer/Dire Title Name Address	E: RICHARD A. REED, CPA Electronic Signature of Registered Agent Ctor Detail : PD RICHARD A. REED 50 W MASHTA DR., STE 6	Title Name Address	T SHERRY L. REED 50 W MASHTA DR., STE 6	04/25/2017

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.

PD

SIGNATURE: RICHARD A. REED

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE PROFESSIONALS' BUILDING OF KEY BISCAYNE, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

DOCUMENT# 746078

FILED Apr 25, 2017 Secretary of State CC3214831010

04/25/2017

Date