•		BLIC LIBRAR`	Y, INC.	Secretary of State 6891116821CC
	i <b>ling Address:</b> IOMAS PKWY L 32351			
FEI Number: 59-1917378 Name and Address of Current Registered Agent:		Certificate of Status Desired: No		
CUMBIE, NES 404 LIVE OAK	ΓΑ			
HAVANA, FL 3	32333 US			
	32333 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both,	in the State of Florida.
The above name		stered office or regis	tered agent, or both,	in the State of Florida. 01/30/2019
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both,	
The above name	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE	stered office or regis	tered agent, or both,	01/30/2019
The above name	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE Electronic Signature of Registered Agent	tered office or regis	tered agent, or both,	01/30/2019
The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE Electronic Signature of Registered Agent ctor Detail :			01/30/2019 Date
The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE Electronic Signature of Registered Agent ctor Detail : PD	Title	TD	01/30/2019 Date
The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE Electronic Signature of Registered Agent Ctor Detail : PD COURY, DEBORAH 416 RED FOX LANE	Title Name	TD CUMBIE, NEST	01/30/2019 Date
The above name SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: NESTA CUMBIE Electronic Signature of Registered Agent Ctor Detail : PD COURY, DEBORAH 416 RED FOX LANE	Title Name Address	TD CUMBIE, NEST 404 LIVE OAK L	01/30/2019 Date

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: NESTA CUMBIE

P.O. BOX 97

City-State-Zip: GREENSBORO FL 32330

Address

TREASURER

01/30/2019

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 746539

FILED Jan 30, 2019 Secretary of State 6891116821CC

Address 513 DARIEN ST

City-State-Zip: CHATTAHOOCHEE FL 32324

Date