••••••				
6816 THOMAS	DRIVE			
PANAMA CITY	BEACH, FL 32408			
Current Ma	ling Address:			
9721 THOM	AS DRIVE			
PANAMA C	TY BEACH, FL 32408 US			
FEI Number: 59-2045549		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
BISHOP, MARI 9721 THOMAS PANAMA CITY				
The above name	d entity submits this statement for the nurnose of changing its reg	istered office or reais	tered agent or both in the State of Florida	
	d entity submits this statement for the purpose of changing its reg	istered office or regis		
	E: MARKUS Q. BISHOP	istered office or regis		1/05/2021
		istered office or regis		
	E: MARKUS Q. BISHOP Electronic Signature of Registered Agent	istered office or regis		1/05/2021
SIGNATURI	E: MARKUS Q. BISHOP Electronic Signature of Registered Agent	istered office or regis		1/05/2021
SIGNATURI Officer/Dire	E: MARKUS Q. BISHOP Electronic Signature of Registered Agent ctor Detail :		C	1/05/2021
SIGNATURI Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PD	Title	S/T/D	1/05/2021
SIGNATURI Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE	Title Name	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021
SIGNATURI Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE	Title Name Address	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	EIECTRONIC SIGNATURE OF REGISTERED Agent EIECTRONIC SIGNATURE OF REGISTERED Agent CTOR Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE PANAMA CITY BEACH FL 32408 VP/D	Title Name Address	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE PANAMA CITY BEACH FL 32408 VP/D BISHOP, VICTORIA G.	Title Name Address	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE PANAMA CITY BEACH FL 32408 VP/D BISHOP, VICTORIA G. 9721 THOMAS DRIVE	Title Name Address	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : PD BISHOP, MARKUS Q 9721 THOMAS DRIVE PANAMA CITY BEACH FL 32408 VP/D BISHOP, VICTORIA G. 9721 THOMAS DRIVE	Title Name Address	S/T/D VILLEGAS, INES Y. 1721 LOST COVE LANE	1/05/2021

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: MARKUS BISHOP

PRESIDENT

01/05/2021

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 756011

Entity Name: RECOVERY COMMUNITIES, INC

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

FILED Jan 05, 2021 Secretary of State 1479735034CC

Date